

FILED APR 19 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15304

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 61174 Registrar's No. 8030

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARKANSAS</u> b. COUNTY <u>SEBASTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KEILSO TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENNY LIND</u>	
c. LENGTH OF STAY (in this place)		8030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ACCIDENT 1 MI. N. OF ANDRELL, MO</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BOBBY</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>CLARK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV 5, 1933</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE INSTALLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>	11. BIRTHPLACE (State or foreign country) <u>JENNY LIND, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>JAKE CLARK</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>*****</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>DON'T KNOW</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JAKE CLARK</u> ADDRESS <u>JENNY LIND, ARK</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull & Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8161</u> <u>26</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>100</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scott Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car in which they were riding spun under truck</u>
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22. I hereby certify that I attended the deceased from First, before after death, and last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thelma Rae Carver</u> (Degree or title)	23b. ADDRESS <u>Sebastian Mo</u>	23c. DATE SIGNED <u>4/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD JENNY LIND CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JENNY LIND ARKANSAS</u>
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DATE REC'D BY LOCAL REG. <u>X-11-52</u>	REGISTRAR'S SIGNATURE <u>E. F. N...</u> <u>300-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sigelinghoff Funeral Home</u> ADDRESS <u>Seneca, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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RECEIVED APR 14 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-1

APR 24 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oliver Hammett

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.