

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15748

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 197

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

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Marion</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Fulton</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Paris</i>	
c. LENGTH OF STAY (In this place) <i>5 1/2 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>County Infirmary</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp. #1</i>			

3. NAME OF DECEASED a. (First) <i>Ernie</i> b. (Middle) _____ c. (Last) <i>Clark</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 6 1952</i>	
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>OK</i>	9. AGE (In years last birthday) <i>es. 79yr</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
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13a. FATHER'S NAME <i>OK</i>		13b. MOTHER'S MAIDEN NAME <i>OK</i>		14. NAME OF HUSBAND OR WIFE <i>Bernice Clark</i>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <i>OK</i>		16. SOCIAL SECURITY NO. <i>OK</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hosp. Head. Fulton, Mo</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Gen. arteriosclerosis</i>					
		DUE TO (c) <i>Senile dementia</i>					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4221</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from *Oct. 19, 1946*, to *June 6, 1952* that I last saw the deceased alive on *June 6, 1952* and that death occurred at *6:15 P.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>Mr. J. Cramer</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>State Hosp. #1 Fulton</i>		23c. DATE SIGNED <i>6-6-52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>June-8-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Centralia Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Centralia Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>June 6, 1952</i>		REGISTRAR'S SIGNATURE <i>Marilla Lawrence</i> 426-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Snow Funeral Home Moberly Mo.</i>			
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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 _____

working under my personal supervision. _____ Student Embalmer No. 442

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4117

P. O. Address Woburn, 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.