S. No. 300
v. 10-48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19433

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 693

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansasri
b. COUNTY: Doniphan 8150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highland 8
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): J.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1952

5. SEX: female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: January 21, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Severance, Kansas /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John J. Jenkins
13b. MOTHER'S MAIDEN NAME: unk.
14. NAME OF HUSBAND OR WIFE: Edward C. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ernie E. Clark, Highland, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture rt. femur — INTERVAL BETWEEN ONSET AND DEATH: 6 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 815
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Highland Doniphan Kansas

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 19 52 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell at door step

22. *I hereby certify that I attended the deceased from* 6-19, 1952, *to* 6-25, 1952, *that I last saw the deceased alive on* 6-24, 1952 *and that death occurred at* 1:55a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E S Grant M D O.
23b. ADDRESS: St. Joseph, Mo.
23c. DATE SIGNED: 6.25.52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6/25/1952
24c. NAME OF CEMETERY OR CREMATORY: ————
24d. LOCATION (City, town, or county) (State): Highland, Kansas

DATE REC'D BY LOCAL REG.: July 3, 1952
REGISTRAR'S SIGNATURE: Carl C. Cas[illegible] 44
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heaton-Bowman Funeral Home St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Grant

MAR 17 1961

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 W E Edmonston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St Joseph, 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.