

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27637

FILED AUG 25 1952
BIRTH NO. 41203 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 10

350

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb, R.F.D.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Box # 2507	

3. NAME OF DECEASED (Type or Print) a. (First) David	b. (Middle) Darroll	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) 7 2 52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (7)	8. DATE OF BIRTH 7/2/52	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7	IF UNDER 1 HR. Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Holcomb, Missouri R.F.D.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Cecil Clark	13b. MOTHER'S MAIDEN NAME Edna Branscum	14. NAME OF HUSBAND OR WIFE
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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 Cecil Clark	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic birth		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Proximate rupture of Membrane		
	DUE TO (c) unknown cause		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7615	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **July 2, 1952**, to **July 2, 1952**, that I last saw the deceased alive on **July 7, 1952**, and that death occurred at **9:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Blair H. Christianson	23b. ADDRESS D. Box 426 Gideon Mo	23c. DATE SIGNED 7-5-52
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-52	24c. NAME OF CEMETERY OR CREMATORY St. John	24d. LOCATION (City, town, or county) (State) Holcomb Mo
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DATE REC'D BY LOCAL REG. 8-11-52	REGISTRAR'S SIGNATURE J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Russell Martney	ADDRESS Superior
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT..... 8-13-52
COUNTY FILE NUMBER 852-219.....

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 not

Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott, Ark.

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.