

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30713**

2090
4

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

BIRTH NO. FILED OCT 9 1952		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) Lutesville,		c. LENGTH OF STAY (in this place) 5-months		c. CITY (If outside corporate limits, write RURAL and give township) Lutesville, Mo.		1030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Bondes Nurshing Home				d. STREET ADDRESS (If rural, give location) Lutesville, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) W.		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) 9-28-1952	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-12-1884	
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 4 Days 15		11. IF UNDER 1 HRS. Hours Min. 		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming,		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Center Ala,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Clark,		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE wife Tyna Sanders.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Annie Presley Essex Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Heart Compensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cardio Renal Vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? YES ☐ NO ☒	
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)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
22. I hereby certify that I attended the deceased from 8/4/52 , 19 52 , to 9/27 , 19 52 , that I last saw the deceased alive on 9/27 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE John W. Higgins				23b. ADDRESS Lutesville, Mo.		23c. DATE SIGNED 9/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-1-52		24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. Sept. 27, 1952		REGISTRAR'S SIGNATURE Willie VanCinburg		25. FUNERAL DIRECTOR'S SIGNATURE Gene Clark		ADDRESS Lutesville, Mo.	

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 _____

J. Loberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.