X
No. 300
10.48

FILED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31135

State File No.

BIRTH NO. REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 25-1952

1. PLACE OF DEATH
a. COUNTY: Crawford County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton Township
c. LENGTH OF STAY (In this place): enroute
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on Hy. 66 E. intersection of HY. H

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route #3 Salem, Mo.
d. STREET ADDRESS (If rural, give location): 0330

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 29 1932
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 11 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist
10b. KIND OF BUSINESS OR INDUSTRY: Ely- Walker
11. BIRTHPLACE (State or foreign country): Salem, Mo
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Don F. Clark
13b. MOTHER'S MAIDEN NAME: HESTER O. Murray
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-34-9782
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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): Verdict of Coroners Jury As a result of the collision of

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): the automobile in which they were riding traveling Westward, with a trans-
DUE TO (c): port truck traveling East. Evidence produced indicated the collision

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: to have occurred entirely within the Eastbound lane

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E8161 628 26
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy 66 E. of Cuba, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cuba Benton Crawford Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-19-1952 5:55 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto + Truck Collision

22. *I hereby certify that I attended the deceased from* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 5:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul A. Franklin
(Degree or title): Coroner
23b. ADDRESS: Cuba, Mo
23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/21/52
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove
24d. LOCATION (City, town, or county) (State): Salem Mo.

DATE REC'D BY LOCAL REG.: 9/22/52
REGISTRAR'S SIGNATURE: Paul A. Franklin
25. FUNERAL DIRECTOR'S SIGNATURE: Paul A. Franklin
ADDRESS: Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1952

OCT 21 1952

OCT 3 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 Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Dent

State File No. 31135-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18 day of October, 1952 before me appears Hester O Clark, who, upon her oath, states that the original record of ~~birth~~ death for Donna O. Clark, ~~born~~ died Sept 19 1952, 19, in the State of Missouri, and which was filed at Cuba on 10 9/22/52, should be corrected as follows:

Item No. 13b should read Hester O. Clark ~~Murray~~

Instead of Esther Murray

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hester O Clark Mother
Relationship.

RFD #3 Salem Mo
Present Address.

Subscribed and sworn to before me this 18th day of October, 1952.

My Commission expires 4/17/54

Herbert A. Young
Notary Public.

Sup - 31135