

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41552

State File No.

FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1350</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		a. STATE Missouri		b. COUNTY Clinton	
c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Hemple		d. STREET ADDRESS (If rural, give location) R. F. D. # 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist. Hosp.							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) ELMER		b. (Middle) LLOYD		c. (Last) CLARK		Dec. 20 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept. 15 1881		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 11 MRS. Months Days Hours Min. 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Gen)		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William A. Clark		13b. MOTHER'S MAIDEN NAME Emma Roberts		14. NAME OF HUSBAND OR WIFE Louise 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Elwood Clark St. Joseph 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Arterio Sclerosis					
		DUE TO (c)					
		II. 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 none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. 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?			
22. I hereby certify that I attended the deceased from <u>9-4</u> , 19 <u>52</u> to <u>12-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>52</u> , and that death occurred at <u>5:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. J. Smith M.D.				23b. ADDRESS 1451209 St. Joseph Mo		23c. DATE SIGNED 12-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 23 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Albany Missouri	
DATE REC'D BY LOCAL REG. Dec. 29, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address 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.