

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **588**  
 Registrar's No. **11**

FILED FEB 1 1953

BIRTH NO. **83534** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5798**

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural "Trotter Twp."</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural "Prairie Twp."</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Norborne R.F.D. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi. W. of Carrollton</b>			

3. NAME OF DECEASED (Type or Print) <b>BRENDA SUE CLARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28 1953</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Dec 3 1952</b>	9. AGE (In years) (last birthday) <b>0</b> (Months) <b>1</b> (Days) <b>25</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carrollton Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Opal Benton Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Artie Sue Cox</b>	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) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Opal Benton Clark, Nashville Mo</b>	ADDRESS <b>26</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>492X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Jan 28, 1953**, to **Jan 29, 1953** that I last saw the deceased alive on **Jan 29, 1953** and that death occurred at **9:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>Carrollton Mo</b>	23c. DATE SIGNED <b>Jan 29 1953</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Jan. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo</b>
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DATE REC'D BY LOCAL REG. <b>1/29/53</b>	REGISTRAR'S SIGNATURE <b>Mr. Herbert Calvert</b>	45-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Gibson</b>	ADDRESS <b>Carrollton Mo</b>
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**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

*Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton 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.**