

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1021

State File No. _____

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 124

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (in this place) 12 hours	c. CITY (If outside corporate limits, write RURAL and give township) Springfield, 0296	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Burge Hospital		d. STREET ADDRESS (If rural, give location) 1401 Mt. Vernon	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID	b. (Middle) JOHN	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) January 31, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH January 30, 1953	9. AGE (In years last birthday) _____ IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Wendal Clark	13b. MOTHER'S MAIDEN NAME Lillian Rowlands	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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Wendal Clark, Springfield, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital defect of diaphragm		
	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. 7592			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **1-30**, 19**53**, to **1-31**, 19**53**, that I last saw the deceased alive on **1-31**, 19**53**, and that death occurred at **11:00P** m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Ellis (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 2-4-53	REGISTRAR'S SIGNATURE Edith Williamson Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeizer, Springfield, Mo.
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45566

Ellis
sig

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..... *Gene C. Hunter*

Licensed Embalmer No. *4759*

P. O. Address *Springfield, 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.