

FILED JAN 19 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2376

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 5845 | | Registrar's No. 13 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY Nodaway | | b. CITY (If outside corporate limits, write RURAL and give township) Clearmont - rural | | a. STATE Missouri | | b. COUNTY Nodaway | |
| c. LENGTH OF STAY (in this place) 5 min. | | c. CITY (If outside corporate limits, write RURAL and give township) Maryville | | d. STREET ADDRESS 204 1/2 East Third | | 0742 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles south | | | | d. STREET ADDRESS (If rural, give location) 204 1/2 East Third | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) HERMAN | | b. (Middle) EARL | | c. (Last) CLARK | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | |
| 1 | | 12 | | 53 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 11/16/89 | |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 2 HRS. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Farmer - retired | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | | 11. BIRTHPLACE (State or foreign country) Atchison Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Nathaniel Clark | | 13b. MOTHER'S MAIDEN NAME Lydia Cozad | | 14. NAME OF HUSBAND OR WIFE Cynthia Belle Dew Clark | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. H. E. Clark, Maryville, 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, 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) | | Cerebral Thrombosis | | | | Immediate | |
| ANTECEDENT CAUSES | | DUE TO (b) Hypertension | | | | 4-6 yrs. | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) Valvular disease of heart | | | | 4 yrs. | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4214 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION no operations | | | | 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) | | 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>Not attended</u> , to <u>Jan. 12, 1953</u> , that I last saw the deceased alive on <u>Not seen</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L. E. Dean - Coroner | | | | 23b. ADDRESS Maryville, Missouri | | 23c. DATE SIGNED 1-13-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 1/14/53 | | 24c. NAME OF CEMETERY OR CREMATORY Mission | | 24d. LOCATION (City, town, or county) (State) Maryville, Missouri | |
| DATE REC'D BY LOCAL REG. 1-17-53 | | REGISTRAR'S SIGNATURE L. E. Dean | | 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home | | ADDRESS Maryville, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

340
2

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 *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.