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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1953

4482

State File No. ....

BIRTH NO. 6606 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City</u>	
c. LENGTH OF STAY (If in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johnnie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>1-19-1953</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>—</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Max Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Offie Opal Beardsley</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Lee Clark</u>	ADDRESS <u>Bell City RI</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>774X</u>  DUE TO (c) <u>---</u>		
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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 19, 1953, to 1-21, 1953, that I last saw the deceased alive on 1-21, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>1-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Matthew &amp; Mary Jones</u>	24d. LOCATION (City, town, or township) (State) <u>Stoddard Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-4-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	4 29	25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby East Prairie Mo</u>	ADDRESS
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RECEIVED FEB 9 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 253-27

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Spokane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.