

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13143

State File No. _____

27310
FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4001 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY OR TOWN Novinger	c. LENGTH OF STAY (in this place) 1 da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home Novinger, Mo		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Johnnie	b. (Middle) Lee	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 3, 1953	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR 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) Novinger Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bernard Clark	13b. MOTHER'S MAIDEN NAME Daizy Davis	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X none	17. INFORMANT'S SIGNATURE OR NAME Bernard Clark, Novinger, Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature; 8 months		INTERVAL BETWEEN ONSET AND DEATH 8 days
	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. _____		

19a. DATE OF OPERATION 1 week	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 776 X
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22. I hereby certify that I attended the deceased from May 3, 1953, to May 3, 1953; that I last saw the deceased alive on May 3, 1953, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name and title) H. M. Garrison M.D.	23b. ADDRESS Novinger, Mo.	23c. DATE SIGNED 5-4-53
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Greencastle	24d. LOCATION (City, town, or county) (State) Greencastle, Mo.
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DATE REC'D BY LOCAL REG. 5-8-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley	ADDRESS Kirksville, Mo.
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Richard H. Randall*

Licensed Embalmer No. *4866*

P. O. Address *Ferbyville, 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.