

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13847**

FILED **APR 27 1953** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **404**

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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. CITY (If outside corporate limits, write RURAL and give township) Springfield Mo. 6396	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 1465 N. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (Home)			

3. NAME OF DECEASED (Type or Print) a. (First) Harden		b. (Middle) Clark		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 21 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 15, 1865	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 3 Days 6		IF UNDER 14 HRS. Hours 0 Min.		11. BIRTHPLACE (State or foreign country) Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Clark		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louella Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louella Clark, Macks Creek, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip				6 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Intra trochanteric fracture		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.) 4201 F		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 **4-18-** 19**53**, to **4-20-53**, 19**53**, that I last saw the deceased alive on **4-20-53**, 19**53**, and that death occurred at **9:40A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul C. Morton		(Degree or title) M.D.		23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 4-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-21-53		24c. NAME OF CEMETERY OR CREMATORY Stanton Chapel		24d. LOCATION (City, town, or county) (State) Camden County Mo	
DATE REC'D BY LOCAL REG. 4-22-53		REGISTRAR'S SIGNATURE East Williams Reg.		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones		ADDRESS Buffalo, Mo	

APR 30 1953

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.

Signed _____

Leonard B. Jones

Signed _____

Student Embalmer

Licensed Embalmer No. 2608

P. O. Address Buffalo Pa

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.