

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15020

State File No.

FILED MAY 6 1953 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY OR TOWN Eldon
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Miller
c. CITY OR TOWN Eldon
d. STREET ADDRESS (If rural, give location) East Ninth St.

3. NAME OF DECEASED
a. (First) Jacob Renold
b. (Middle) Clark
c. (Last) Clark
4. DATE OF DEATH (Month) (Day) (Year) April 23, 53

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 13, 1888
9. AGE (In years) (Months) (Days) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Clifford Clark
13b. MOTHER'S MAIDEN NAME Laura Shepard
14. NAME OF HUSBAND OR WIFE Hulda Clark

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. No
17. INFORMANT'S SIGNATURE AND NAME Geraldine Clark
18. ADDRESS Eldon, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy
ANTECEDENT CAUSES Arteriosclerosis + Hypertension
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
19b. MAJOR FINDINGS OF OPERATION 334X
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947, to April 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) M. E. Humphrey D.O.
23b. ADDRESS Lucasburg, Mo.
23c. DATE SIGNED Apr. 24, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4/26/53
24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery
24d. LOCATION (City, town, or county) (State) Vienna, Missouri

DATE REC'D BY LOCAL REG. Apr. 24 '53
REGISTRAR'S SIGNATURE 192-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter P. Hedges, Thoria, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

661
1

RECEIVED
JUN 2 1961

APR 20 1961

MILLER COLLEGE
DEPARTMENT

JUN 2 1961

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 Walter Stedger

Licensed Embalmer No. 4265

P. O. Address Kenilworth, N.J.

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.