THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17035

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: BOONE 0105 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): 34 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLIS FISCHEL STATE CANCER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER 0490
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTHAGE
d. STREET ADDRESS (If rural, give location): R.F.D. #4

3. NAME OF DECEASED (Type or Print)
a. (First): WILLARD
b. (Middle): W.
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-28-1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MILLFORD CLARK
13b. MOTHER'S MAIDEN NAME: CLARA SWIART
14. NAME OF [redacted] WIFE: ALTA E. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HOSPITAL RECORDS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): phlebothrombosis — ?
DUE TO (c): 464 XH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Carcinoma of the esophagus c̄ metastasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
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 8, 1953, *to* JUNE 11, 1953, *that I last saw the deceased alive on* JUNE 11, 1953, *and that death occurred at* 6:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Blanks V M.D.
23b. ADDRESS: Ellis Fischel State Cancer Hosp
23c. DATE SIGNED: 6/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JUNE 12, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): DeKalb Co. INDIANA

DATE REC'D BY LOCAL REG.: June 12 1953
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-d
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Service, Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4132

P. O. Address [illegible]

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

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