

S. No. 300 FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 Leroy Street</u>		e. STREET ADDRESS (If rural, give location) <u>323 Leroy 0971</u>	
3. NAME OF DECEASED a. (First) <u>TROY</u> b. (Middle) <u>CURTIS</u> c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-11-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>	8. DATE OF BIRTH <u>March-21-1887</u>
9. AGE (In years) (Months) (Days) <u>66-1-20</u>		10. USUAL OCCUPATION (Give kind of work) <u>Retired locomotive engineer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>near Patterson Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Atlas Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Fovellace</u>	
14. NAME OF HUSBAND OR WIFE <u>Netta Clark</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>710-05-6118</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Netta Clark</u> ADDRESS <u>Slater Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u> ANTECEDENT CAUSES <u>with Metastasis to lungs</u> DUE TO (b) <u>and brain.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>May 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>	
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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1-2</u> , 19 <u>46</u> to <u>5-11</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5-11</u> , 19 <u>53</u> and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>V. J. McTurney Md.</u> (Degree or title)		23b. ADDRESS <u>Slater Mo.</u>	
23c. DATE SIGNED <u>5/12/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>May-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl C. Jones</u> ADDRESS <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/12/53</u>		REGISTRAR'S SIGNATURE _____	

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

MAR 17 1954

NOV 1 8 1953

AUG 26 1953

JUN 8 1953

JUN 10 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..

Student.....  
Signature of Student Embalmer

Signed *James E. Jones*  
Licensed Embalmer No. *311*  
P. O. Address *Slater*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.