

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21406**

FILED **JUL 15 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **67**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Howard</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>708 N. Church St.</b>		d. STREET ADDRESS (If rural, give location) <b>708 N. Church St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Clarke</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 25, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>July 21, 1866</b>	<b>9. AGE</b> (In years last birthday) <b>86</b>	<b>IF UNDER 1 YEAR</b> Months <b>11</b> Days <b>4</b>	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Farm</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>New Haven, Connecticut</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Merritt M. Clarke</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Guincy</b>	<b>14. NAME OF HUSBAND OR WIFE</b> -----
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ida Louise Clarke</b>	<b>ADDRESS</b> <b>Fayette Mo</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Nodular tumorous prostate</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Old age heart failure</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>610X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 1952 to June 25, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 10:10 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Gertrude C. Holtzman, D.O.</b>	<b>23b. ADDRESS</b> <b>201 W. Missouri Fayette Mo</b>	<b>23c. DATE SIGNED</b> <b>July 53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>6/27/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Clark's Chapel Cemetery Howard Co. Mo</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Howard Co. Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-1-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mary K. Shell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Harold A. Carr</b>	<b>ADDRESS</b> <b>Fayette, Mo</b>
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4-76-e (Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1959

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

*Raymond A. Carr*

Licensed Embalmer No.

*3340*

P. O. Address

*Fayette Mo*

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

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