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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22156

FILED JUL 15 1953

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville 0880 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gilbert
b. (Middle):
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): July 4 1953

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: 4-26-1880

9. AGE (In years last birthday): 73
If under 1 year: Months Days
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mining

11. BIRTHPLACE (State or foreign country): Scotland 4

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas Clark

13b. MOTHER'S MAIDEN NAME: Mary

14. NAME OF HUSBAND OR WIFE: Mary Ann Lewis Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 523-01-3135

17. INFORMANT'S SIGNATURE OR NAME: Miss Margaret Clark; ADDRESS: Huntsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. Myocarditis with decompensation — 1 month

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

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) 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* Apr 17, 1953, *to* July 4, 1953, *that I last saw the deceased alive on* July 4, 1953, *and that death occurred at* ___ p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Miller (Degree or title): MD

23b. ADDRESS: Marion

23c. DATE SIGNED: 7/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7-6-1953

24c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery

24d. LOCATION (City, town, or county) (State): Huntsville, Missouri

DATE REC'D BY LOCAL REG.: 7/10/53

REGISTRAR'S SIGNATURE: Ruth McNeely

25. FUNERAL DIRECTOR'S SIGNATURE: Tom B. Patton

ADDRESS: Huntsville Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1953

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 7,23,124
Date Filed 7,14,53

7,13,53

OCT 8 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Tom B Patton

Signed _____
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville Ma

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

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