

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

**25291**

FILED JUL 27 1953

State File No. 290  
Registrar's No. 290

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>290</u>			
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)					
a. COUNTY <b>Jackson</b>		b. STATE <b>Missouri</b>		c. COUNTY <b>Jackson</b>					
d. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		<b>700</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Indep., Sant., &amp; Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>1113 W. 25th Terr.</b>					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>						
a. (First) <b>MARY</b>	b. (Middle) <b>LEVENA</b>		c. (Last) <b>CLARK</b>		Month <b>JULY</b>	Day <b>11</b>	Year <b>1953</b>		
<b>5. SEX</b> Female <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Widowed	<b>8. DATE OF BIRTH</b> <b>June 13, 1878</b>		<b>9. AGE</b> (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Self</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>Grain Valley, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>Joel Patterson</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Laura Miller</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Clark</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <input checked="" type="checkbox"/> No		<b>16. SOCIAL SECURITY NO.</b> None		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr Hugh Clark 1113 W 25th Terr. Indep., Mo.</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
<p><i>*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></p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Seriously</u>					<b>7yrs</b>		
		<b>ANTECEDENT CAUSES</b>							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arthritis deformans</u></p> <p>DUE TO (c) <u>Gen. Debility + Inaction</u></p>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<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)</b> <b>Independence</b>		<b>(COUNTY)</b> <b>Jackson</b>		<b>(STATE)</b> <b>Missouri</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from <u>1948</u> to <u>17 July, 1953</u>, that I last saw the deceased alive on <u>11 July, 1953</u>, and that death occurred at <u>11:40 P.M.</u>, from the causes and on the date stated above.</b>									
<b>23a. SIGNATURE</b> <i>B. Saunders MD</i>				<b>23b. ADDRESS</b> <b>Independence, Missouri</b>				<b>23c. DATE SIGNED</b> <b>7-13-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>7-15-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodlawn</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Indep., Mo.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>7-15-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Geo. Carson</i>				<b>ADDRESS</b> <b>Geo. Carson Funeral Home, Indep., Mo.</b>	

**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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, Mo.

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

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