

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5483

State File No.

35679

BIRTH NO.

REG. DIST. NO.

133

PRIMARY REG. DIST. NO.

5483

Registrar's No.

103

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (In this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		0411 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Porter			b. (Middle) Thomas		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) October 25, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 29, 1883	9. AGE (In years last birthday) 70	10. MONTHS 70		10. DAYS 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William T. Clark			13b. MOTHER'S MAIDEN NAME Susan Vinson		14. NAME OF HUSBAND OR WIFE Sarah Clark (divorced)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Wilson, Bethany, 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) Carcinoma of stomach INTERVAL BETWEEN ONSET AND DEATH 6 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 Chronic Arterial Hypertension 10 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				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) m.		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 Feb 16, 1953 , to October 25, 1953 , that I last saw the deceased alive on October 25, 1953 , and that death occurred at 11:00 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William M. Thurgood				23b. ADDRESS Bethany, Mo.		23c. DATE SIGNED 10-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery		24d. LOCATION (City, town, or county) (State) Harrison County, Mo.	
DATE REC'D BY LOCAL REG. 10/28/53		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark L. Boutch, Bethany, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clark L. South*

Licensed Embalmer No. *4831*

P. O. Address *Bethany, Mo.*

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