

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

36233

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

FILED OCT 27 1953 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena</b>	
c. LENGTH OF STAY (In this place) <b>7 Months</b>		d. STREET ADDRESS (If rural, give location) <b>514 1/2 Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Toney</b> b. (Middle) <b>M</b> c. (Last) <b>Clark</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 18-1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>8-27-1879</b>		9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm-work</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Cainsville Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Phillip O. Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Mullins</b>		14. NAME OF HUSBAND OR WIFE <b>Harriett Phillips Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dorothy Davis Arlington Tex</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis 20 year</b> DUE TO (c) <b>Senility 20 yrs</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cachexia 10 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>		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) <b>Galena, Kansas</b>	
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 **Dec 19 47, to Oct 1953**, that I last saw the deceased alive on **10-17, 1953**, and that death occurred at **1:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert Powell M.D.</b>		23b. ADDRESS <b>Galena, Kansas</b>		23c. DATE SIGNED <b>19 Oct 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-19-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Messer Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Cherokee County, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray P. DeFelt</b>		ADDRESS <b>Galena, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>10-19-53</b>		REGISTRAR'S SIGNATURE <b>Ed S. James 138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ray P. DeFelt Galena, Kansas</b>	

RECEIVED OCT 26 1953

Jasper County Health Office

County File Number 53-10-845

Date Filed OCT 26 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

Ray L. Derfelt Funeral Home  
working under my personal supervision.

Student Embalmer No. 4814

Signed Ray L. Derfelt  
Student Embalmer

Signed Lance Wene

Licensed Embalmer No. 2880

P. O. Address Bayton S. Hqs Pa

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.