

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36620**

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY NEW MADRID			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL New Madrid		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FREDERICKTOWN MO		d. STREET ADDRESS (If rural, give location) 301 E. COLLEGE
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) FREDERICK c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 21, 1933	9. AGE (In years last birthday) 20	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COLLEGE STUDENT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MADISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GLEN CLARK		13b. MOTHER'S MAIDEN NAME MILDRED SEAL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLEN CLARK - FREDERICKTOWN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull, Broken Body, DUE TO (b) Caused by auto accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61-62	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid - New Madrid - Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Carts Collided		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. H. Smith, Coroner		23b. ADDRESS New Madrid, Mo		23c. DATE SIGNED Oct 27 - 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.		
DATE REC'D BY LOCAL REG. 11-6-53	REGISTRAR'S SIGNATURE Nelson Louis Jones		25. FEDERAL DIRECTOR'S SIGNATURE V. Adamson	ADDRESS FREDERICKTOWN, MO.	

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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 Leo H. Hedges

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.