

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36801

State File No. \_\_\_\_\_  
REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 124

FILED OCT 26 1953

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana Mo.</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>082 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Eliza</u>	
c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 19, 1864</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>27</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jerry Freelis</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Ramey</u>	
14. NAME OF HUSBAND OR WIFE <u>Dr. F. W. Clark</u>		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 <u>Hospital Records</u>	
17. ADDRESS		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, ashenia, etc. It means the disease, injury, or complication which caused death.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chr. Myocarditis</u> <u>Sclerotic</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chr. Arteriovascular Disease.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
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)		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 _____, 19____, to <u>10-15-</u> , 19 <u>53</u> that I last saw the deceased alive on <u>10-15-</u> , 19 <u>53</u> , and that death occurred at <u>2:15 P.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Robert L. Anderson M.D.</u>		23b. ADDRESS <u>216 Georgia St. - Louisiana, Mo.</u>	
23c. DATE SIGNED <u>Oct. 16, 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ladonia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Brinhoff</u>	
25. ADDRESS <u>Ladonia, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Oct 19, 1953</u>	
REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		374	

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.....

*Clyde C. Hilkey*

Licensed Embalmer No. *3826*

P. O. Address *Perry, 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.