

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39928

State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>245</u>	
1. PLACE OF DEATH a. COUNTY <u>Chelms</u>				2. USUAL RESIDENCE (Where deceased lived. If limited: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chelms</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring Creek - Rural</u>		c. LENGTH OF STAY (In this place) <u>95 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring Creek Twp 0810</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi. S. of Edgar Springs Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Edgar Springs</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>C.</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar 25, 1859</u>	
9. AGE (In years, last birthday) <u>94</u>		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chelms Co Mo</u>	
12. FATHER'S NAME <u>Stephen Clark</u>		13. MOTHER'S MAIDEN NAME <u>Elizabeth Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Johnson Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and rank known) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sh. Roseberry Edgar</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cold</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>491 X</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) (Min.)		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 <u>Nov. 20, 1953</u> , to <u>Dec. 3, 1953</u> , that I last saw the deceased alive on <u>Nov. 29, 1953</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Reed, M.D.</u>				23b. ADDRESS <u>Licking 770.</u>		23c. DATE SIGNED <u>12/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hutchinson Cem. Chelms Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Amos E. Ferguson</u>		ADDRESS <u>Licking 770.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 12-14-57

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 Embert C. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.