

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

43280

State File No.

BIRTH NO. FILED JAN 5 - 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 471

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give township) Independence	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) 5 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1218 N. Liberty		d. STREET ADDRESS (If rural, give location) 1218 N. Liberty	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) L.	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 25, 1886	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trouble shooter (retired)	10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. L. Clark	13b. MOTHER'S MAIDEN NAME Ida K. Phillips	14. NAME OF HUSBAND OR WIFE Nellie R. Clark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 490-09-0738	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie R. Clark, Independence, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic Carcinoma of the liver due to Carcinoma of the Colon DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____ 153 X		
	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: Physical resection of colon 1 1/2 years ago. Dr. Fred Campbell - 15c Mo.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a. 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 Sept 26, 1953, to Dec 14, 1953, **that I last saw the deceased alive on** Dec 14, 1953 **and that death occurred at** 4:40 a.m., **from the causes and on the date stated above.**

23a. SIGNATURE <i>Esther M. ...</i>	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED Dec. 14, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-53	24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery	24d. LOCATION (City, town, or county) (State) Buckner, Mo.

DATE REC'D BY LOCAL REG. 12-16-53	REGISTRAR'S SIGNATURE <i>...</i>	354	25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

101 3 12

101 ON

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 Harold E. Brown

Licensed Embalmer No. 4794

P. O. Address Indep. 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.

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