

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

593

State File No.

No. 300
10-48

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 3012 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dorothy Street</u>		d. STREET ADDRESS (If rural, give location) <u>Dorothy Street</u>	

3. NAME OF DECEASED (Type or Print) <u>SUSANNA</u> a. (First) <u>CLARK</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 3, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dickson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--------------------------------------------------	--------------------------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.G. Houghton</u>	17. ADDRESS <u>Dorothy St. Ex. Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE, CEREBRAL, ACUTE,</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SEVERE, TERMINAL</u> DUE TO (c) <u>GENERAL DEBILITY OF AGE</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>NONE</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) <u>Excelsior Springs, MO. Clay</u>
-------------------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

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? <u>331X</u>
--------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	--------------------------------------------------

22. I hereby certify that I attended the deceased from JAN. 4, 1954, to JAN. 4, 1954, that I last saw the deceased alive on JAN. 4, 1954, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edith M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>JAN 5 54</u>
--------------------------------------------------------------	------------------------------------------------------	--------------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Braceville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Braceville, Illinois</u>
--------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>1-6-54</u>	REGISTRAR'S SIGNATURE <u>Barbara Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Pritchard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
--------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------------------	------------------------------------------------

(Licensee Embalmer's Statement on Reverse Side)

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

2000 2.1

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 *Lindell K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.