

No. 300
 10-48
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2352**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **1**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Polk	b. CITY (If outside corporate limits, write RURAL and give township) Bolivar	a. STATE Missouri	b. COUNTY Polk
c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar 0841 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Sherman	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1954
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH Jan. 14, 1864	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Clark	13b. MOTHER'S MAIDEN NAME Frances Barnes	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. W. Walker	ADDRESS Bolivar, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arterio-sclerosis		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1951, 19___, to Jan 4, 1954, that I last saw the deceased alive on Jan 4, 1954, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. J. Quimby, Jr.</i> (Degree of title)	23b. ADDRESS Bolivar, Mo.	23c. DATE SIGNED 1-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. Jan. 5, 1954	REGISTRAR'S SIGNATURE <i>Ralph Gardner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Turpin</i>	ADDRESS Turpin Funeral Home Bolivar, Mo.
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(Released Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

.....
Student Embalmer No.....
Richard J. [Signature]
.....
Licensed Embalmer No.....

P. O. Address.....

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.