

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **198**

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

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Methodist Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>615 1/2 Mo. 3rd St.</i>	
3. NAME OF DECEASED a. (First) <i>Izora</i> b. (Middle) <i>White</i> c. (Last) <i>Clark</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 19 - 1954</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Mar. 21 - 1880</i>	
9. AGE (In years last birthday) <i>73</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>(Not known) Allen</i>	
13b. MOTHER'S MAIDEN NAME <i>(Not known)</i>		14. NAME OF HUSBAND OR WIFE <i>Wm. Henry Clark</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-22-7195</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Everette White</i>		ADDRESS <i>820 Madison St. St. Joseph, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Complete Heart block</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 Min.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease with</i> DUE TO (c) <i>Essential Hypertension with</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Secondary Anemia with</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>443X</i>	
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 <i>Jan 22, 1954</i>, to <i>Feb 19, 1954</i>, that I last saw the deceased alive on <i>Feb 19, 1954</i>, and that death occurred at <i>5:52 P.m.</i>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Sharon E. Krogger, M.D.</i>		23b. ADDRESS <i>801 Illinois Ave</i>	
23c. DATE SIGNED <i>Feb. 22, 1954</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 22 - 1954</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Ashland Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Joseph Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Feb 23, 1954</i>		REGISTRAR'S SIGNATURE <i>485</i>	
REGISTRAR'S SIGNATURE <i>Loather M. Allison</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Alexander</i>	
		ADDRESS <i>St. Joseph, Mo.</i>	

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.

Signed..... *Wm. H. Alexander*

Signed.....
Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, 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.