No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5786

BIRTH NO. FILED MAR 10 1954 REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): c 900

3. NAME OF DECEASED (Type or Print)
a. (First): Manuel
b. (Middle): Pearl
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 4, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months 4, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Piedmont Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: William Clark
13b. MOTHER'S MAIDEN NAME: Lucinda Clark
14. NAME OF HUSBAND OR WIFE: Dollie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dollie Clark - Ellington

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hydrostatic Pneumonia — Interval between onset and death: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Degeneration — 1 yr
Generalized Arteriosclerosis — 10 yrs
DUE TO (c) Paralysis Agitans — 15-20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 350 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Feb 23, 1954, *that I last saw the deceased alive on* Feb 23, 1954 *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth T Carter (Degree or title) DO
23b. ADDRESS Ellington Mo
23c. DATE SIGNED 2/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Feb. 25 1954
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Ellington Mo.

DATE REC'D BY LOCAL REG.: Mar 5 1954
REGISTRAR'S SIGNATURE: Essie Evans. 276
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Seaton Perrett Van Buren Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 3-8-54
Reynolds County Heal
File No. 354 - 26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Seaton Pewitt

Licensed Embalmer No. 228

P. O. Address Van Bure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.