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. 8175

FILED APR 9 1954

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin 0350
c. CITY OR TOWN: Hornersville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): Star Rt.

3. NAME OF DECEASED (Type or Print): a. (First) Bert b. (Middle) — c. (Last) Clark
4. DATE OF DEATH (Month) April (Day) 3 (Year) 1954
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 45 — If under 1 year: Months / Days — 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:
11. BIRTHPLACE (City and State or Foreign Country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Walter Clark
13b. MOTHER'S MAIDEN NAME: Kate Unknown
14. NAME OF HUSBAND OR WIFE: Thelma 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Thelma Clark — ADDRESS: Hornersville, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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: 445 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* June, 1953, *to* April 3, 1954, *that I last saw the deceased alive on* April 3, 1954, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: George Q. Plummer M.D. (Degree or title)
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 54
24c. NAME OF CEMETERY OR CREMATORY: Holly Grove
24d. LOCATION (City, town, or county) (State): Harrisburg, Ark.

DATE REC'D BY LOCAL REG.: 4-7-54
REGISTRAR'S SIGNATURE: 90-0 Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Howard Funeral Home, Senath, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEAL

DEPARTMENT 4-8-54

COUNTY FILE NUMBER 454-

MAY 10 1954

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 Edwin L. Cormon

Licensed Embalmer No. 48

P. O. Address Senatty

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.