

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18697

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL, and give township) Ridgeway		c. LENGTH OF STAY (In this place) 4 Mos.		c. CITY OR TOWN Bethany		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lacy Convalescent Home				e. STREET ADDRESS (If rural, give location) 04110			
3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) William c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 21, 1876		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 77 6 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Martinsville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William T. Clark			13b. MOTHER'S MAIDEN NAME Susan Vinson		14. NAME OF HUSBAND OR WIFE Cora Francis Clark (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Velma Hendren - Bethany, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Cardio-Vascular-Renal Dis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -					INTERVAL BETWEEN ONSET AND DEATH 2 Day 2 Day 10 yr.	
19a. DATE OF OPERATION -	19b. MAJOR FINDINGS OF OPERATION -					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) (Min.) -	
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 5/14 , 1954, to 6/28 , 1954, that I last saw the deceased alive on 6/26/54 , and that death occurred at 1:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Levne Courtney D.O.			23b. ADDRESS Bethany, Missouri			23c. DATE SIGNED 6/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery		24d. LOCATION (City, town, or county) (State) Harrison County, Mo.		
DATE REC'D BY LOCAL REG. JULY 1, 1954		REGISTRAR'S SIGNATURE L. K. Brecken		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark L. Foutch, Bethany, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480410
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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
Signature of Student Embalmer

Signed *Clark L. Foutel*

Licensed Embalmer No. *483*

P. O. Address *Bethany*

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

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