

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23983**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **228** PRIMARY REG. DIST. NO. **3054** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0 820</b>	
d. FULL NAME OF THE DECEASED (If at a hospital or institution, give street address or location) <b>Pike Co Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>EVERLY</b> c. (Last) <b>CLARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct 13 1891</b>		9. AGE (in years, months, days) <b>62 08 19</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Seattle Washington U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <b>Frank E Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Ada M. Everly</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth E Clark</b>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Clark</b> ADDRESS <b>Bowling Green Mo</b>	
--	--	-------------------------------------	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES <b>Hypertensive Cordes - Vascular Renal Disease</b> DUE TO (b) <b>Nephrosis</b> II. OTHER SIGNIFICANT CONDITIONS <b>None</b> (c) Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>1 yr</b>	
---	--	---	--	--	--	--	--

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)		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 **6-9, 1954**, to **6-29, 1954**, that I last saw the deceased alive on **7-2, 1954**, and that death occurred at **11:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas H. Lewellen M.D.</b>		23b. ADDRESS <b>Louiseana Mo</b>		23c. DATE SIGNED <b>7/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 27 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	
24d. LOCATION (City, town, or county) (State) <b>Pike Co. Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>JMD</b>		24f. ADDRESS <b>Grave Park Road Bowling Green Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

---

---

**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 .....  
Student Embalmer

Signed Harold C. Kins

Licensed Embalmer No. Benning the

P. O. Address 4597

**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.