

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5030 State File No. 29724

0002

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>	PRIMARY REG. DIST. NO. <u>5034</u>	Registrar's No. <u>104</u>
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port-rural</u>		c. LENGTH OF STAY (in this place) <u>0 yrs</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ***		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port-rural</u> <u>5030</u>		
		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GAYLE</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>CLARK</u>
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>
8. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12, 1954</u>		9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Breckenridge, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Clarence E. Clark</u>		
13b. MOTHER'S MAIDEN NAME <u>Nellie E. Fuller</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. E. Clark</u>
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) <u>Depressed skull fracture</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture, cervical vertebrae</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Automobile Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country road Tarkio, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atchison 002 Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Pm) <u>9/12/54 2 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
22. I hereby certify that I attended the deceased from <u>none</u> , 19 <u> </u> , to <u>9/12/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>none</u> , 19 <u> </u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Med Emergent</u>		(Degree or title)		23b. ADDRESS <u>Atchison Mo.</u>
23c. DATE SIGNED <u>9/14/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Watson, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u>		
24f. ADDRESS <u>Tarkio, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u>		
DATE REC'D BY LOCAL REG. <u>Sept 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Thermin Schaefer</u>		443-0

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fred C. Browning

Signed.....
Student Embalmer

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.