

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30237

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN <u>Washington (North)</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri River</u>		e. STREET ADDRESS (If rural, give location) <u>RR #1 East Washington 0260</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLYDE</u>	b. (Middle) <u>LOUIS</u>	c. (Last) <u>CLARK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 18 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-24-1928</u>	9. AGE (In years last birthday) <u>25</u>	10-MONTHS <u>11</u>	YEARS <u>24</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rum</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paducah Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Bass</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Clark</u>	ADDRESS <u>South Point, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning,</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Boat turned over</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850X 38</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dardenné St. Charles Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept, 18-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Boat turned over</u>
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22. I hereby certify that I attended the deceased from Held inquest October 2, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marion Henderson Brewer</u>	(Degree or title)	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>Oct. 5, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 6-54</u>	REGISTRAR'S SIGNATURE <u>C.A. Kesthely</u>	99-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Byrd</u>	ADDRESS <u>Wentzville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> by me, or by Arny Mc Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.