

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33693

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4206</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>New Hampton</u>		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 <u>Home West part of New Hampton</u>				e. STREET ADDRESS (If rural, give location) <u>West part of New Hampton</u> 70410			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2 1871</u>	9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR Days <u>7</u>	if UNDER 24 HRS. Hours <u>9</u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Weslake</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cogill</u>		14. NAME OF HUSBAND OR WIFE <u>Abord &amp; Clark deceased</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Clark New Hampton mo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs -</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>benign Anemia</u>					4 mo -	
	DUE TO (c) <u></u>						
	11. 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				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)		5810	
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 <u>Sept</u> , 1954, to <u>Nov 11</u> , 1954, that I last saw the deceased alive on <u>Nov. 11</u> , 1954, and that death occurred at <u>12:35 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Green, D.O.</u> (Degree or title)				23b. ADDRESS <u>New Hampton Mo</u>		23c. DATE SIGNED <u>11/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-13-54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Noble &amp; Son New Hampton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1954

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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.....

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.