

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36828

State File No. 3012

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>119</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>1 Hour</u>	c. CITY OR TOWN <u>Lawson</u>	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>Excelsior Spgs. Community Hospital</u>		f. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augustus</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1873</u>	9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Willis Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Coats</u>	14. NAME OF HUSBAND OR WIFE <u>Minta Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minta Clark - Lawson, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures, pelvis and sacrum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8124</u> <u>25</u>		
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hamilton Mo. HW 36</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>013</u> (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? <u>Struck by automobile</u>	
22. I hereby certify that I attended the deceased from <u>Nov 18</u> , 19 <u>54</u> , to <u>Nov 18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 18</u> , 19 <u>54</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Howard Carter M.D.</u>		23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>Nov 20, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/21/54</u>	REGISTRAR'S SIGNATURE <u>Caroline Hultberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris A. Brown Hamilton</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Morris A. Brown*.....

Licensed Embalmer No. *39*.....

P. O. Address *7. ...*

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.