

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37966**
Registrar's No. **92**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4309**

1. PLACE OF DEATH a. COUNTY McC. Donald			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McC. Donald		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwest City		c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwest City, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Section of Southwest City			d. STREET ADDRESS (If rural, give location) 0600		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) 10 31 1964		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-18-1878	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR (Days) 0 11. IF UNDER 1 MO. (Hours) 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Lentz Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Michel Armstrong		13b. MOTHER'S MAIDEN NAME Sarah Taylor	14. NAME OF HUSBAND OR WIFE James Clark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 648-96-9131	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Roberts Salina, Okla.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of Liver *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. Humphrey, J. Coroner			23b. ADDRESS Noel Mo.		23c. DATE SIGNED 11-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-1954	24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson, Mo.
DATE REC'D BY LOCAL REG. 11-10-54		REGISTRAR'S SIGNATURE Mary M. Humphrey 423		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Humphrey + Cheatham Anderson, Mo.	

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

0600

0600

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 _____



Licensed Embalmer No. 3458

P. O. Address Anderson, 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.