

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41777

State File No. ....

FILED DEC 29 1954

23

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>1808</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Hill Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Hill Mo</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>William</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 th 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>Jan 12 th 1882</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mechant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>		11. BIRTHPLACE (State or foreign country) <u>Americus Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Dale Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>492-01-4124</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dale Clark</u>			ADDRESS <u>High Hill Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANGINA PECTORIS</u>									
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b) <u>CORONARY THROMBOSIS</u>									
DUE TO (c) <u>CHRONIC MYOCARDITIS</u>									
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.									
INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 yr.</u> <u>5 yrs.</u>									
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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>Dec 10</u> , 19 <u>54</u> , to <u>Dec 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 5</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>James O. Helms, M.D.</u> (Degree or title)				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>12-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>NEW FLORENCE MO</u>			
DATE REC'D BY LOCAL REG. <u>12-14-54</u>		REGISTRAR'S SIGNATURE <u>Mrs May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>MONTGOMERY CITY MO</u>			

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

700 /

REVISED 1954

JAN 31 1954

JAN 3 1954

JAN 4 1954

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, ~~XXX~~ on the day of Dec 1954

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *G. W. Hopkins*  
G. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.