

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41873

State File No. ....

FILED DEC 30 1954

BIRTH NO. .... REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hazlet</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthville</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>200 E 19th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazlet Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-25-1954</u>		
a. (First)	b. (Middle)	c. (Last)			

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>Dec-25-1910</u>	9. AGE (In years last birthday) <u>43</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 2 HRS. Days	12. IF UNDER 2 HRS. Hours	13. IF UNDER 2 HRS. Min.
--------------------	-------------------------------	---	-------------------------------------	---	----------------------------	--------------------------	---------------------------	--------------------------

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>Butcher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Steubenville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Prof. Anglen</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Bullington</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Anglen</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>General Anglen, Caruthville</u> ADDRESS <u>Caruthville</u>			
--	--	-----------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerolyzed arteriosclerosis</u>					
		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				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) (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 June, 1952, to Nov 25, 1954, that I last saw the deceased alive on Nov 25, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren P. Mc Coy MD</u>		23b. ADDRESS <u>Caruthville Mo</u>		23c. DATE SIGNED <u>11/29/54</u>	
---	--	------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthville Mo.</u>	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>12-12-54</u>		REGISTRAR'S SIGNATURE <u>John W Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthville Mo.</u>		ADDRESS <u>Caruthville Mo.</u>	
--	--	--	--	--	--	--------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

781  
0

12-801-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 27 1954

7-1-55

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 \_\_\_\_\_

*Leyman R. Cunningham*

Student Embalmer No. 503

working under my personal supervision.

Student *Leyman R. Cunningham*  
Student Embalmer

Signed *J.P. Palmer*

Licensed Embalmer No. 2556

P. O. Address Union 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.