

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 134

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>BOLLINGER</u>		b. CITY OR TOWN <u>RURAL - LOYRANCE</u>		c. LENGTH OF STAY (in this place) <u>1/2 day</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				c. CITY OR TOWN <u>CAPE GIRARDON, MO 0167</u>			
d. STREET ADDRESS <u>549 South Middle</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Henry</u>	b. (Middle) <u>Ford</u>	c. (Last) <u>CLARK</u>	(Month) <u>1</u>	(Day) <u>2</u>	(Year) <u>1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JULY 13-1922</u>	9. AGE (In years last birthday) <u>32</u>	If under 1 year <u>5</u> Months	If under 1 year <u>20</u> Days	If under 2 hrs. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Busdriver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Charleston mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Lowry A. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Marie Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise S. Vane, Cape Gir. Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Multiple fractures of head and body - body completely burned over - due to airplane crash</u>				<u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) <u>To airplane crash</u>					
		DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E866X 39</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident away from home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NEAR Glen Allen - Bollinger</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MO</u>			
21d. TIME OF INJURY <u>1-2-55 4:28</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AIRPLANE CRASH</u>			
22. I hereby certify that I attended the deceased from <u>1-2-55</u> , 19 <u>55</u> and that death occurred at <u>4:28 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene Ward - Coroner</u>			23b. ADDRESS <u>Fultonville, MO</u>			23c. DATE SIGNED <u>1-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Glen Allen MO</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 5-55</u>		REGISTRAR'S SIGNATURE <u>Millie Vandenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ford Young - Cape Gir. Mo</u>		ADDRESS	

JAN 18 1955

JAN 22 1955

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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Charles E. Mung*

Licensed Embalmer No. *4877*

P. O. Address *Cape Girardeau*

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.