

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

817

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 28

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1330 N. Jefferson | | STREET ADDRESS (If rural, give location) 1330 N. Jefferson 0396 0 | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Jack c. (Last) Clark | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1955 | | |
| 5. SEX male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Dec. 12, 1902 | | 9. AGE (In years last birthday) 52 | | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Associate with Father in Monument Business | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Edward W Clark | | 13b. MOTHER'S MAIDEN NAME Nell Brasfield | | 14. NAME OF HUSBAND OR WIFE Ruby Clark | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME Ruby Clark ADDRESS Springfield, Missouri | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Chronic Asthmatic Bronchitis | | Unknown | |
| DUE TO (c) Arrested Pulmonary Tuberculosis | | | | Unknown | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|--|--|--|--|
| 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) 241X A | |
| 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 Jan 7, 1955, to Jan 9, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 4:15 p m., from the causes and on the date stated above.

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|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE Kenneth C. Coffey (Degree or title) M.D. | | 23b. ADDRESS Springfield, Mo. | | 23c. DATE SIGNED Jan 11, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-12-55 | | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | | | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 1-13-55 | | REGISTRAR'S SIGNATURE Edith Williamson | | FURNERAL DIRECTOR'S SIGNATURE J.W. King ADDRESS Springfield, Missouri | |
|---|--|---|--|---|--|

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

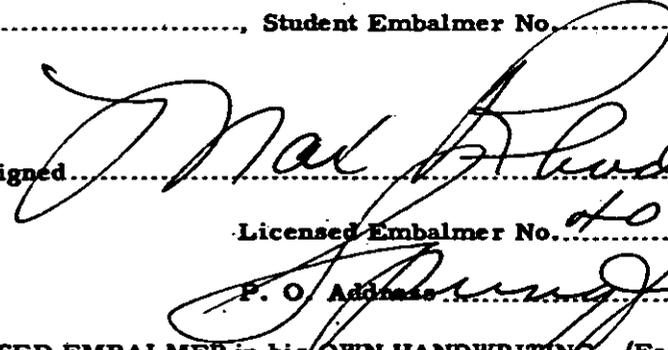
FEB 28 1954

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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 40

P. O. Address

**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.**