

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI DR. LURIE  
STANDARD CERTIFICATE OF DEATH

State File No. 818

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>43 YRS.</b>		e. STREET ADDRESS (If rural, give location) <b>507 W. WEBSTER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>507 W. WEBSTER /</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b> b. (Middle) <b>M.</b> c. (Last) <b>CLARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11 1955</b>		
5. SEX <b>MALE</b> <b>0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 1 1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY EMPLOYEE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SHANNON, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>MICHAEL CLARK</b>		13b. MOTHER'S MAIDEN NAME <b>MARY IVES</b>		14. NAME OF HUSBAND OR WIFE <b>ROSANNA CLARK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MATTHEW CLARK SPRINGFIELD, MO.</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		II. OTHER SIGNIFICANT CONDITIONS			5 minutes
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			?
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Polycythemia</b> DUE TO (c) <b>Chronic Myelogenous Leukemia</b>			About 1 year
		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) <b>2041</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-21-1954** to **1-11-1955**, that I last saw the deceased alive on **12-1-1954**, and that death occurred at **7 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold H. Lurie, M.D.</b>		23b. ADDRESS <b>609 Cherry St. Springfield, Mo.</b>		23c. DATE SIGNED <b>1-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/13/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DR. J. E. ... SPRINGFIELD, MO.</b>			
DATE REC'D BY LOCAL REG. <b>1-12-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			

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

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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..... *Gene B. Hunter*  
Licensed Embalmer No. *473*  
P. O. Address *Springfield*

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.