

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7277**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **301**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 36 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 North 4th Street		e. STREET ADDRESS (If rural, give location) 312 East Antoine Street	
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Mae c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1955
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 26, 1882
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Atchison, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Pvt. Families	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Clark Sr.		13b. MOTHER'S MAIDEN NAME Annie ?	14. NAME OF HUSBAND OR WIFE Alfred Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Albert W. Clark, St. Joseph, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Woman was found dead lying on the sidewalk at 708 North 4th St.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION There is no history of recent serious illness or disability	18. INTERVAL BETWEEN ONSET AND DEATH 1 day Unknown
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) Witnessed	
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 on 3/19, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE H. F. Mundy (Coroner)		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 24, 1955	24c. NAME OF CEMETERY OR CREMATOR City Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm. H. Alexander, St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. March 22, 1955		REGISTRAR'S SIGNATURE Ethel M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Wm H. Alexander

Licensed Embalmer No. *442*

P. O. Address *St. Joe*

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.