

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16284

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5990 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Township</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>	c. CITY OR TOWN <u>Lucerne R.F.D.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucerne R.F.D.</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)	
a. (First) <u>Rutha</u>	b. (Middle) <u>Cordelia</u>	c. (Last) <u>Clark</u>	

4. DATE OF DEATH <u>May 21 1955</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 30 1879</u>	9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Days <u>3</u>	if UNDER 24 HRS. Hours <u>21</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Ephriham Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sandusky</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Dwight Clark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Dwight Clark</u>
		ADDRESS <u>Lucerne, Mo. R.F.D.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>5-18-55</u> <u>4-1-55</u> <u>runny</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Coronary embolism</u> DUE TO (c) <u>Arteriosclerosis Hypertension</u>		
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)	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 4-18, 1955, to 5-21, 1955, that I last saw the deceased alive on 5-21, 1955, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. W. McDonald</u>	(Degree or title)	23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>5-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Church Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam County Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-4-55</u>	REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By J. W. Comstock</u>	ADDRESS <u>Unionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0860

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.....
James W. Comstock

Licensed Embalmer No. *419*

P. O. Address *Unionville,*

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.