

21569

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 18 1955

Registrar's No. 210BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (in this place) L MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		e. STREET ADDRESS (If rural, give location) HY 50 East	

3. NAME OF DECEASED (Type or Print) MINNIE CLARK			4. DATE OF DEATH JULY 12, 1955		
a. (First)		b. (Middle)		c. (Last)	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 2, 1891	9. AGE (In years, if under 1 year last birthday) 63	10. IF UNDER 1 YEAR Months 10 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME PLEASANT CAMDEN		13b. MOTHER'S MAIDEN NAME MARY SCHENEWERK		14. NAME OF HUSBAND OR WIFE CHARLES CLARK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-28-1209		17. INFORMANT'S SIGNATURE OR NAME MRS JOE GERBES ADDRESS JEFFERSON CITY	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3770
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma of ovary			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			171X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 5/21 1955, to 7/12/55, 1955, that I last saw the deceased alive on 7/12/55 1955, and that death occurred at 2:55 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 7/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/15/55		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	
24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS J. C. MO.	
DATE REC'D BY LOCAL REG. July 15 55		REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

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. 43
P. O. Address Jefferson

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.