

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23360

State File No.

FILED JUL 19 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Elmer	b. (Middle) Oscar	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1910	9. AGE (In years last birthday) 44	if UNDER 1 YEAR Months 9 Days 8	if UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Gen'l Labor	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Clark	13b. MOTHER'S MAIDEN NAME Maude Stoval	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-38-2799	17. INFORMANT'S SIGNATURE OR NAME Chester Norman, St Louis, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis	DUE TO (b) Illness		11 days
ANTECEDENT CAUSES	DUE TO (c) Fracture lumbar spine		11 days
II. OTHER SIGNIFICANT CONDITIONS Verdict: Coroners Jury "Deceased came to his death as a result of the car, in which he was riding leaving the highway, he being thrown from the car and receiving injuries from which he died."			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. Highway # 21.	21c. (CITY, TOWN, OR TOWNSHIP) Washington Co. Missouri (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 30, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Injury received when thrown from car.
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22. I hereby certify that I attended the deceased from 7-1, 1955, to 7-10, 1955, that I last saw the deceased alive on 7-10, 1955, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Williams M.D. (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 7-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/11/1955	24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	24d. LOCATION (City, town, or county) (State) Robertsville, Missouri
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DATE REC'D BY LOCAL REG. July 13, 1955	REGISTRAR'S SIGNATURE Eather Reddick	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48
09410
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 _____
Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4420

P. O. Address Farmington Mo

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 this body is not embalmed, fact should be so stated above.