

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26724

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTERVILLE		c. LENGTH OF STAY (in this place) O WEEKS	c. CITY OR TOWN WEBB CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 WEST MAIN STREET		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) LOIS c. (Last) CLARK		4. DATE OF DEATH SEPTEMBER 7, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOVEMBER 5, 1936
9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 2	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (City and State or Foreign Country) CARTERVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BURTON CLARK	
13b. MOTHER'S MAIDEN NAME DORIS GOZA		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BURTON CLARK WEBB CITY, MISSOURI	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ewings Sarcoma. Primary lesion in pelvic bone with metastasis to brain 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. Secondary anemia 196X	
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) (Minute)	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 8-1, 1955, to 9-7-55, 19____, that I last saw the deceased alive on 9-6-55, 19____, and that death occurred at 5:30PM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. Pence</i>		23b. ADDRESS DO 7 Carterville, Mo	23c. DATE SIGNED 9-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-10-1955	24c. NAME OF CEMETERY OR CREMATORY PURCELL CEMETERY	24d. LOCATION (City, town, or county) (State) PURCELL MO
DATE REC'D BY LOCAL REG. 9-9-55	REGISTRAR'S SIGNATURE <i>Ms. Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.	

County File Number 5-5-9-624
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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 Richard Gray Lewis

Licensed Embalmer No. 440
P. O. Address Webb City

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.