

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32798

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 907

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Stoutland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>&lt; 1 month</u>		e. STREET ADDRESS (If rural, give location) <u>5201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Connelly Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Clay</u>	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. H. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Hooper</u>	14. NAME OF HUSBAND OR WIFE <u>Veda Clark</u>
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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>Mrs. Veda Clark</u>	ADDRESS <u>Stoutland, Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsons Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>350x</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1953, to Oct. 16, 1955, that I last saw the deceased alive on Oct. 14, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. Giel MD</u>	(Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>10-17-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland</u>	24d. LOCATION (City, town, or county) (State) <u>Stoutland, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-17-55</u>	REGISTRAR'S SIGNATURE <u>Paula Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Funeral Home</u>	ADDRESS <u>Stoutland</u>
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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..... *Lewis Schaefer*

Licensed Embalmer No. *380*

P. O. Address *Springfield*

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.