

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>535</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>HENRY</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>		a. STATE <u>FLORADO SPRS</u>		b. COUNTY <u>CEDAR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NETZEL HOSPITAL</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ELDORADO SPRS</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Jim</u>		b. (Middle) <u>W</u>		c. (Last) <u>CLARK</u>		Month (Day) (Year) <u>12-20-55</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>July 3, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>73</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Verdon county; Mo.</u>	
13a. FATHER'S NAME <u>Charles Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Jane Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Rona Clark</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
II. OTHER SIGNIFICANT CONDITIONS <u>Compound comminuted fracture of right tibia and fibula</u>				1 mo.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>compound comminuted fracture</u>		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 <u>11-25-55 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>hit by car</u>			
22. I hereby certify that I attended the deceased from <u>11-25</u> , 19 <u>55</u> , to <u>12-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>55</u> and that death occurred at <u>5:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Savelle P.O.</u>				23b. ADDRESS <u>Netzel Hosp. Clinton</u>		23c. DATE SIGNED <u>12-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Dec 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 22-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Bequin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nathan</u>		ADDRESS <u>Eldorado Springs Mo.</u>	

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 *R. R. Kenney*.....

Licensed Embalmer No. *309*.....

P. O. Address *Clinton*.....

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.