

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40468

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5264

1. PLACE OF DEATH  
a. COUNTY JACKSON 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 16 c. LENGTH OF STAY (in this place) 5 DAYS  
c. CITY OR TOWN KANSAS CITY 16 Rural d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL  
• STREET ADDRESS (If rural, give location) 5606 PURSELL RD.

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) \_\_\_\_\_ c. (Last) CLARK 4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH APRIL 20, 1885 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 7 Days 13 IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Dairy 11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES CLARK 13b. MOTHER'S MAIDEN NAME HENRI ETTA NILES 14. NAME OF HUSBAND OR WIFE MAUDE ETHEL CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 491-01-8811 17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Wendell ADDRESS 5606 Purcell Rd. R.L.M.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BRONCHOPNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 8 HRS.  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) MYOCARDIAL FAILURE 99030  
DUE TO (c) HIP FRACTURE 5 DAYS  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY FIBROSIS & EMPHYSEMA 25 YRS.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Mo. Clay, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-29-55 m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? fell on floor

22. I hereby certify that I attended the deceased from NOV. 29, 1955, to Dec. 3, 1955, that I last saw the deceased alive on Dec. 2, 1955, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Edwards, Jr. M.D. R. L. EDWARDS (Degree or title) 23b. ADDRESS 2510 E. Vivion Rd K-46 Mo 23c. DATE SIGNED 12/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Dec. 3, 1955 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Liberty, Missouri

DATE REC'D BY LOCAL REG. 12-5-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Church - Archer Co. Liberty, Mo ADDRESS \_\_\_\_\_

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

~~Gl. 2 - 6367.~~

Gl. 2 - 6336.

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..... *Harold G. Smith*

Licensed Embalmer No. *452*

P. O. Address..... *Lefferty*

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.