

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40470

5221

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Fairmount</u>	
c. LENGTH OF STAY (in this place) <u>7 months</u>		Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunnyrest Home</u>		e. STREET ADDRESS (If rural, give location) <u>820 Home</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>HIBBARD</u>	c. (Last) <u>CLARKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-30-1955</u>
--	-------------------------	----------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 13-1865</u>	9. AGE (in years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____
--------------------	-------------------------------	--	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Millwright</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>John C. Clarke</u>	13b. MOTHER'S M maiden name <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Clarke</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Willie G. Clarke</u>	ADDRESS <u>820 Home Fairmount</u>
--	-------------------------------	---	-----------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>9 yrs</u> <u>4500</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) _____	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 9-1-55, 1955, to 11-30-55, 1955, that I last saw the deceased alive on 11-30-55, 1955, and that death occurred at 4:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Paul Laurens</u>	23b. ADDRESS <u>428 S white ave</u>	23c. DATE SIGNED <u>11-30-55</u>
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-1-55</u>	REGISTRAR'S SIGNATURE <u>Harold Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackment Son Inc.</u>	ADDRESS <u>K.C., Mo</u>
---	--	--	-------------------------

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..... *Bert B. Barr*

Licensed Embalmer No. *46*

P. O. Address *H. C. Y.*

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.