

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5454

State File No.

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sheridan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Washington Township</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whiteman AF Base Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Triplitt</u>	
		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothea</u>		b. (Middle) <u>Stanton</u>	
		c. (Last) <u>Clark</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>February 29 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10 May 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>56</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Pennsylvania</u>	
13a. FATHER'S NAME <u>William Conway</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
		14. NAME OF HUSBAND OR WIFE <u>Murl M Clark</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>Murl M Clark Triplitt Mo</u>	
		ADDRESS <u>Triplitt Mo</u>	
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>Hepatic Failure</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) <u>Metastatic Carcinoma</u>	
		DUE TO (c) <u>None</u>	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>20 Feb</u> , 19 <u>56</u> , to <u>29 Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>29 Feb</u> , 19 <u>56</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edith Louise Forest M.C.</u> (Degree or title)		23b. ADDRESS <u>AFB, Mo</u>	
		23c. DATE SIGNED <u>29 Feb 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-1956</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>McCallough</u>	
		24d. LOCATION (City, town, or county) (State) <u>Triplitt, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/1/56</u>		REGISTRAR'S SIGNATURE <u>Carma L. Beatty</u> 149	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Branning</u> ADDRESS <u>Warrensburg, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1957

RECEIVED
MAR 5 1956
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed _____

J. A. Brundage

Licensed Embalmer No. _____

3377

P. O. Address _____

Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.