

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8089**
Registrar's No. **282**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 3110 Jule Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3110 Jule Street		0112	
3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN b. (Middle) B. c. (Last) CLARKE			4. DATE OF DEATH (Month) (Day) (Year) March 9, 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 23, 1887
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Legal Secretary		10b. KIND OF BUSINESS OR INDUSTRY Law Office	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Berenberg	
13b. MOTHER'S MAIDEN NAME Jennie Simpson		14. NAME OF HUSBAND OR WIFE Elmer J. Clarke	
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. 491-09-0132	17. INFORMANT'S SIGNATURE OR NAME Mr. Elmer Clarke, 3110 Jule, St. Joseph, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease	
INTERVAL BETWEEN ONSET AND DEATH 5 mo		5 mo ±	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x	
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 (Month) (Day) (Year) (Hour) (Min.)		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 Nov 2, 1955 , to March 9, 1956 , that I last saw the deceased alive on March 8, 1956 , and that death occurred at 10:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE William H. Ames, MD		(Degree or title) 23b. ADDRESS 902 Edmund St St Joseph	
23c. DATE SIGNED 3-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/12/1956	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG Mar 14, 1956		REGISTRAR'S SIGNATURE Catharine M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Bowman		ADDRESS St Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

John J. Wood

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..... *Eugen Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 11th St*

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.