

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

136330
State File No.

FILED MAY 10 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
c. LENGTH OF STAY (in this place) 40 years		d. STREET ADDRESS (If rural, give location) 201 South Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 South Grand Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Bert c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 1, 1885		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Beshire, Missouri	
				12. CITIZEN OF WHAT COUNTRY U. S. A	

13a. FATHER'S NAME James M. Clark		13b. MOTHER'S MAIDEN NAME Sara Jane Davidson		14. NAME OF HUSBAND OR WIFE Effie Lee Clark	
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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. 495-07-2589		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie L. Clark, Lee's Summit, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week 5 years
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-9-56, 1956, to 4-15, 1956, that I last saw the deceased alive on 4-15, 1956, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clint R. Miller M.D.		23b. ADDRESS Lee's Summit Mo.		23c. DATE SIGNED 4-16-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 18, 1956		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Cem.	
				24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	

DATE REC'D BY LOCAL REG. 4-17-56		REGISTRAR'S SIGNATURE N.B. Langsford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. Langsford Funeral Home, Lee's Summit	
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(Licensed Embalmer's Statement on Reverse Side)

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

483

FEB 10 1959

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 N. B. Langford

Licensed Embalmer No. 4962

P. O. Address Leis Summit,

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