

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25839

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN MtN. GROVE)	c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN MtN. GROVE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MtN. GROVE REST HOME		e. STREET ADDRESS (If rural, give location) MAPLE STREET	
3. NAME OF DECEASED (Type or Print) a. (First) BERT	b. (Middle) CLARK	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10/23 1890
9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 7	Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) PAGE COUNTY IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SETH A. CLARK	
13b. MOTHER'S MAIDEN NAME MARTHA ALLEN CARPENTER		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown (If yes, give war or date of service)) NO	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Russ Barber ADDRESS Intn. Home	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	II. OTHER SIGNIFICANT CONDITIONS		
*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		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	331x	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 June 26, 1956 , to June 30, 1956 , that I last saw the deceased alive on June 30, 1956 , and that death occurred at 2:35 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. W. Deeney M.D.		23b. ADDRESS MtN. Grove Mo.	23c. DATE SIGNED 7-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/56	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Intn. Home Mo.
DATE REC'D BY LOCAL REG. 7-16-56	REGISTRAR'S SIGNATURE A.B. Ames	25. FUNERAL DIRECTOR'S SIGNATURE Russ Barber ADDRESS Intn. Home Mo.	

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

RECEIVED	<i>July 24, 1956</i>
WRIGHT CO. HEALTH DEPT.	
County File Number	<i>756-75</i>
Date Filed	<i>July 28, 1956</i>

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.....
[Handwritten Signature]

Licensed Embalmer No.....
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P. O. Address.....
[Handwritten Address]

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.