

STANDARD CERTIFICATE OF DEATH

26043

State File No.

FILED AUG 20 1956

BIRTH NO. 374-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 861

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Buch.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint 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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 prospect Avenue		e. STREET ADDRESS (If rural, give location) 1509 Prospect Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) LeRoy c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****		10b. KIND OF BUSINESS OR INDUSTRY *****		8. DATE OF BIRTH Jan. 24th, 1956	
				9. AGE (In years last birthday) If UNDER 1 YEAR: Months 6 Days 11 Hours Min. 	
11. BIRTHPLACE (City and State or Foreign Country) Saint Joseph, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Robert Clark		13b. MOTHER'S MAIDEN NAME Mary Ila Felt		14. NAME OF HUSBAND OR WIFE *****	
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. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Clark, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Sun shot wound through head 1 day. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With Hemorrhage and brain destructing DUE TO (c) Baby was killed by a 9190 612 shot gun shot through the head. Entering left eye and Exit posterior of head.		INTERVAL BETWEEN ONSET AND DEATH 19	
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) Accident Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Joseph Buchanan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) Group Aug. 5th 1956 6:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? shot gun wound in head	

22. I hereby certify that I ~~was~~ the deceased **born** 8/5, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred **at 6:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mandy (Coroner) M.D.			23b. ADDRESS St Joseph, Mo			23c. DATE SIGNED 8/5/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7th, 1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) Saint Joseph, Mo.		

DATE REC'D BY LOCAL REG. Aug. 14, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Harmon - St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

485 - J

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 *Charles M. Hamman*

Licensed Embalmer No. *4487*

P. O. Address *Waltham, Mass.*

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..