

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33902**
4566

FILED NOV 7 - 1956

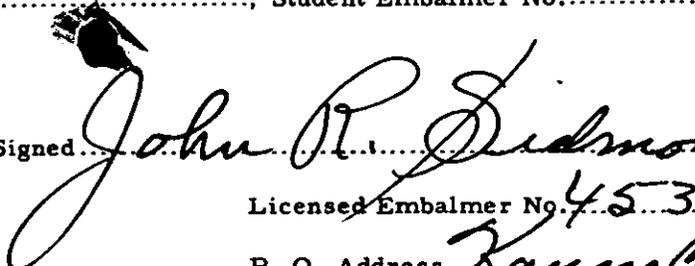
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|---|--|--|---|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1001</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Ft. Leonard Wood</u> | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Fort Leonard Wood</u> | | | | <u>0851</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> | | b. (Middle) _____ | | c. (Last) <u>Clark</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1956</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u> | | 8. DATE OF BIRTH <u>20?</u> | | | |
| 9. AGE (In years last birthday) <u>20?</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jackson County Coroner's Office</u> | | | | | |
| 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, aneurysm, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured right femur; Fractured left tibia and fibula; Fractured left ankle; Fractured right maxilla.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Fractured left tibia and fibula;</u> DUE TO (c) <u>maxilla.</u> | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diagnosed at General Hospital #1</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>no post mortem</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, factory, store, office, etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-20-56</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Hugh H. Owens Coroner</u> | | | | 23b. ADDRESS <u>1034 Rialto Bldg</u> | | 23c. DATE SIGNED <u>10-22-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>10-22-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth</u> | | 24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10-22-56</u> | | REGISTRAR'S SIGNATURE <u>Neval Minshall</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Tigerman & Sons, K. C. Mo.</u> | | | | |

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

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 ,
Licensed Embalmer No. 453,
P. O. Address Kansas

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.