

STANDARD CERTIFICATE OF DEATH

State File No. 40419

FILED NOV 27 1956

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Worth</u>		c. CITY OR TOWN <u>Sheridan</u>	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
c. LENGTH OF STAY (in this place) <u>7 months</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary's Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>1130</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 18, 1885</u>
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton, Iowa Sheridan, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>Alexander Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Sarilda Michael</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Clark - Sheridan, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____				<u>5yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE (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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1956, to Nov 17, 1956, that I last saw the deceased alive on Nov 17, 1956, and that death occurred at 7:45am., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matheson MD</u> (Degree or title)	23b. ADDRESS <u>Grant City, Missouri</u>	23c. DATE SIGNED <u>11-19-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 19, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Luteston Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>near Hopkins, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 19, 1956</u>	REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill A. Dunfee - Grant City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Bill A. Dunge

Licensed Embalmer No. 496

P. O. Address Grant City

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.