

Health, Welfare, Public Service

300
7-56

ALL diseases in Part I must be causally related. Carcasses cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1956

STATE FILE NUMBER 40596

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1326

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph <i>alt</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Parkview-Sunnyslope Nursing Home			Length of stay in lb 49 yrs		d. STREET ADDRESS (If outside, give location) 120 Illinois Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) FRED D CLARK				4. DATE OF DEATH Dec. 8, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 7, 1868		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home		11. BIRTHPLACE (City and state or country) Madrid, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Earl B. Clark				14. MOTHER'S MAIDEN NAME Elizabeth Hydron					
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. 489-40-8396		17. INFORMANT Earl A. Clark				Address 120 Illinois Ave., City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation								INTERVAL BETWEEN ONSET AND DEATH 15 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Inanition and Cachexia						6 months	
		DUE TO (c) Cancer of Stomach						unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART. I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from May 10 1956 to Dec 8 1956 and last saw her alive on Dec 8, 1956 Death occurred at 6:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Thorn E. Waggoner M.D.</i> (Degree or title)				22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri				22c. DATE SIGNED 12-10-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Intombment		23b. DATE Dec. 11, 1956		23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
24. FUNERAL DIRECTOR Clark Funeral Home				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 18, 1956		26. REGISTRAR'S SIGNATURE <i>Ester M. Allison</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Lise J. Cherry*

Licensed Embalmer No. *46*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.