

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

State File No. 2615
187
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN 44950 Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 27 1107 Ralph Terrace	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) ELBERT	b. (Middle)	c. (Last) CLARK	(Month) January	(Day) 8th, (Year) 1957

5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1900	9. AGE (In years: last birthday) 56	10. MONTHS	11. DAYS	12. HRS.	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Auditor	10b. KIND OF BUSINESS OR INDUSTRY M.K. & T. Lines	11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Clark	13b. MOTHER'S MAIDEN NAME Leila Elizabeth Wilson	14. NAME OF HUSBAND OR WIFE Jessie
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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 Mrs. Elbert Clark	ADDRESS 1107 Ralph Terrace
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5-6 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive CVD		
	DUE TO (c)		
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 442x	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1953, to Jan. 8, 1957, that I last saw the deceased alive on Jan. 7, 1957, and that death occurred at 4:10 Am., from the causes and on the date stated above.

23a. SIGNATURE W. C. MacDonnell MD	(Degree or title) MD	23b. ADDRESS 537 N. Grand	23c. DATE SIGNED 1-8-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-9-57	24c. NAME OF CEMETERY OR CREMATORY Parsons, Kansas	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JAN 8 '57	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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3.P (Licensed Embalmer's Statement on Reverse Side)

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

JE. 3-9284
9:00 P.M. 1:00 P.M.

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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.