

Health,
Welfare
Public
Service

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **7644**

Registration District No. 42		Primary Registration District No. 1000		Registrar's No. 277		
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) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		Length of stay in lb 30 yrs	d. STREET ADDRESS (If outside, give location) 2318 Bartlett St.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HIRAM F. CLARK			4. DATE OF DEATH Mar. 12 1957			
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Caldwell County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Joseph F. Clark			14. MOTHER'S MAIDEN NAME Angeline Eckelberry			
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. 500-07-4838	17. INFORMANT Mrs. Leon Witherow		Address Kansas City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicide - by self inflicted gunshot					INTERVAL BETWEEN ONSET AND DEATH 12 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Despondency over ill health. DUE TO (c) Epidermoid carcinoma, Grade II, skin of neck, submaxillary area.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Epidermoid carcinoma, Grade II, skin of neck, submaxillary area.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) self inflicted gunshot wound					
20c. TIME OF INJURY 2:00	Hour XXXX Month, Day, Year Mar 11, 1957	P. M.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Buchanan	STATE Mo.
21. I attended the deceased from 3/12/57 and last saw her alive on 3/12/57 Death occurred at 3:10A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) S. M. Mearns M.D. Coroner			22b. ADDRESS Kirkpatrick Building St. Joseph, Missouri		22c. DATE SIGNED 3/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-13-57	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery		23d. LOCATION (City, town, or county) Cameron	(State) Missouri	
24. FUNERAL DIRECTOR Stoney Funeral Home		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 14, 1957	26. REGISTRAR'S SIGNATURE Ethel M. Allison		

(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 em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George A. Kerby*.....

Licensed Embalmer No. *447*

P. O. Address *St. Rose*

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.