

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11767

FILED APR 12 1957

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY OR TOWN <u>Oran 1000</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>0</u> No <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Delta Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>		b. (Middle) <u>—</u>		c. (Last) <u>Clark, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 1957</u>	
5. SEX <u>Male</u>		6. COLOR (OR RACE) <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-16-1882</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allen Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Young</u>		14. NAME OF HUSBAND OR WIFE <u>Levella Bratcher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tommy Clark, Oran, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Frank Pelvis & Leg's Leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</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 <u>Right Prostate and bladder. Frank Pelvis, Intestinal Hemorrhage</u>				20. AUTOPSY? <u>2</u> 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, farm, factory, street, office bldg., etc.) <u>Highway 91</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Oran R 1</u> (COUNTY) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>3 26 1957 5:25 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by automobile</u>			
22. I hereby certify that I attended the deceased from <u>3-26</u> , 19 <u>57</u> , to <u>3-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>57</u> , and that death occurred at <u>11:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. M. Lark</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>3-28-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>DURIAL</u>		24b. DATE <u>MARCH 31-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McMULLIN</u>		24d. LOCATION (City, town, or county) (State) <u>McMULLIN Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-57</u>		REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u>		ADDRESS <u>Oran, Mo.</u>	

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

427

DATE RECEIVED APR 8 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No: 457-71

MAY 6 1957

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 Earl P. Smith

Licensed Embalmer No. 2676

P. O. Address Over, Mo.

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.