Health, & Welfare Public Service

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FILED MAY 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13998
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston — Inside Limits Yes XX No ☐	c. CITY OR TOWN Charleston 0672 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 217 Railroad Ave. — Length of stay in 1b 11 yrs.	d. STREET ADDRESS (If outside, give location) 217 Railroad Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First James Middle Last Clark

4. DATE OF DEATH Month April Day 13 Year 1957

5. SEX Male 2

6. COLOR OR RACE Col.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐ 2

8. DATE OF BIRTH Aug. 8,1870

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 8 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY ———

11. BIRTHPLACE (City and state or country) Wolf Island, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Horace Clark

14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. ———

17. INFORMANT Address Jeffrie Clark, 217 R.R.Ave., Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Cardio-Vascular Dis. — INTERVAL BETWEEN ONSET AND DEATH Unkn.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Coronary Occlussion — 3 days
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10 Apr 57, to 13 Apr 57 and last saw him alive on 12 Apr 57
Death occurred at 8:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John L Sample M.D.

22b. ADDRESS Charleston Mo

22c. DATE SIGNED 15 Apr 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 16,1957

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR Mrs. F. J. Sparks — ADDRESS Charleston, Mo.

25. DATE RECD. BY LOCAL REG. 4-27-57

26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

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

securing the medical certification in the specific manner

RECEIVE
Miss. Co. Heal
County File No.
Date Filed 5

MAY 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A. Ruffin

Licensed Embalmer No. 5022
2501 Poplar St.
P. O. Address Cairo, Illinoi

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