

FILED MAY 21 1957

STANDARD CERTIFICATE OF DEATH

16449

State File No.

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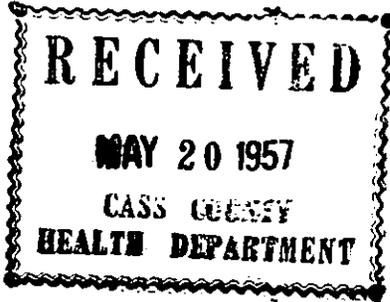
BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5218</u>		Registrar's No. <u>70</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Pleasant Hill (rural)</u>)		c. LENGTH OF STAY (in this place) <u>1 da.</u>		c. CITY OR TOWN <u>Pleasant Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Big Creek Hosp. Pleasant Hill, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 (Polk Twp.) 0190</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1957</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 13, 1893</u>		
9. AGE (In years last birthday) <u>63</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 4 Hrs. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bendix Corp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cass County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S.A.</u>	
13a. FATHER'S NAME <u>James Seymour Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Lavina Cox</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Cora Clark</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>715-07-4015</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Clark Pleasant Hill, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>							<u>sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u>arterio-sclerosis</u>						
		DUE TO (c) <u>senility</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					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Jan 1, 1957</u> , to <u>May 5, 1957</u> , that I last saw the deceased alive on <u>May 5, 1957</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. R. B. Bunnier</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>5/11/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/12/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Lynn, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-18-57</u>		REGISTRAR'S SIGNATURE <u>Cora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brownfield-Stanley Pleasant Hill, Mo.</u>				

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

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5-18-57

MAY 28 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 *Raymond A. Sealey*

Licensed Embalmer No. 5028

P. O. Address Pleasant Hill

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.