

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18543

State File No. _____

FILED MAY 27 1957

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4497 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____ | | | |
| b. CITY OR TOWN Saint Louis | | c. LENGTH OF STAY (in this place) 16yrs | | c. CITY OR TOWN St. Louis | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Home - 4717 Newcomb Place | | | | STREET ADDRESS (If rural, give location) 4717 Newcomb Place | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward | | b. (Middle) Benton | | c. (Last) Clarke | | 4. DATE OF DEATH (Month) (Day) (Year) 5 10 57 | |
| 5. SEX Male | | 6. COLOR OR RACE Colord | | 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH 10-16-1922 | |
| 9. AGE (In years last birthday) 34 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Auvergene, Arkansas | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Willie B. Clarke | | 13b. MOTHER'S MAIDEN NAME Carrie Clopton | | 14. NAME OF HUSBAND OR WIFE Neamonia Clarke-Divorced | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 452-22-3732 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Clarke-4717 Newcomb Place | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laboar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 490x | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 5/9/57 | |
| 24a. BURIAL OR CREMATION/REMOVAL (Specify) _____ | | 24b. DATE 5-11-57 | | 24c. NAME OF CEMETERY OR CREMATORY Mason Cemetery | | 24d. LOCATION (City, town, or county) (State) Wood-Ruff-County Ark. | |
| DATE REC'D BY LOCAL REG. MAY 11 '57 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe | | ADDRESS -2930 Dickson Street | |

(Licensed Embalmer's Statement on Reverse Side)

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

To Be Kept

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 *Arthur L. Heilliard*

Licensed Embalmer No. *472*

P. O. Address *3100 East*

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.