

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

25187
STATE FILE NUMBER
Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 108

1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Laclede)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 Hood St.		d. STREET ADDRESS (If outside, give location) 601 Hood St.	
3. NAME OF DECEASED First RANDALL Middle KEITH Last CLARK		4. DATE OF DEATH Month July Day 9 Year 1957	
5. SEX 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 Jan. 10, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lebanon, Mo.
13a. FATHER'S NAME K. E. Clark		13b. MOTHER'S MAIDEN NAME Lois J. Blair	14. NAME OF HUSBAND OR WIFE None.
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. None.	17. INFORMANT Address Mr. K. E. Clark Lebanon, 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) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulling a plastic bag over face DUE TO (c) E925.0			INTERVAL BETWEEN ONSET AND DEATH 1 Min.
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pulling plastic bag over face.	
20c. TIME OF INJURY 2:40 p.m. 7-9-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Lebanon Laclede Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.R. Palmer (Degree or title) Coroner		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 7-10-57
23a. BURIAL, CREMATION, OR OTHER DISPOSAL Burial	23b. DATE 7/11/57	23c. NAME OF CEMETERY OR CREMATORY Bradshaw Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County Missouri
24. FUNERAL DIRECTOR J.R. Palmer ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 7-10-1957	26. REGISTRAR'S SIGNATURE Hella S. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related.

Received 7-15-57
Laclede County Health Unit
File No. 108
Date Filed 7-15-57

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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lelona, 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.