

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25381

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANNIBAL</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Curryville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. ELIZABETH HOSP</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bradford</u> First <u>CLARK</u> Middle <u>MAIDEN</u> Last			4. DATE OF DEATH <u>July 24 1957</u> Month Day Year
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 21 1957</u> Month Day Year
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>7-3</u> Months Day Hours Min.
11. BIRTHPLACE (City and state of country) <u>Hannibal MO U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Bennett Clark Maiden</u>		14. MOTHER'S MAIDEN NAME <u>Dorothy Conkorp</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>7545</u>	
17. INFORMANT <u>Bennett C. Maiden</u> Address <u>Curryville</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>COARCTATION OF AORTA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pulmonary Stenosis</u> DUE TO (c) <u>Large Patent Ductus Arteriosus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>3 day</u> <u>3 day</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>July 21, 1957</u> to <u>July 24, 1957</u> and last saw <u>her</u> alive on <u>July 24, 1957</u> Death occurred at <u>2:00 PM</u> <u>July 24, 1957</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank W. ...</u> (Degree) (Title)		22b. ADDRESS <u>Madison Mo</u>	22c. DATE SIGNED <u>7/25/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 26 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Curryville</u>	23d. LOCATION (City, town, or county) (State) <u>Curryville Mo</u>
24. FUNERAL DIRECTOR <u>Grace Bankhead Bowling</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-8-57</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms which are listed. All symptoms which are listed. All symptoms which are listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jarrod C. King*.....

Licensed Embalmer No. *45*

P. O. Address *Portland*

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