FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5790 28821 STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: East Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route 1 — Length of stay in Ib: 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: East Prairie 067 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First W. C. Middle Last Clark

4. DATE OF DEATH Month August Day 24 Year 1957

5. SEX Male **6. COLOR OR RACE** Col. **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH** Feb. 4, 1898 **9. AGE** (In years last birthday) 59 — IF UNDER 1 YEAR: Months, Days; 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**: Farming **11. BIRTHPLACE** (City and state or country): Louisiana **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: L. C. 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: Mrs. Geneva Clark, R. 1, E. Prairie, 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) Carcinoma - pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 16 3X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 March 57 to Aug 57 and last saw her/him alive on Aug 12/57
Death occurred at 5:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. P. Fenton DO **22b. ADDRESS**: Wyatt Mo **22c. DATE SIGNED**: 8/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Aug. 28, 1957 **23c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery **23d. LOCATION** (City, town, or county) (State): Charleston, Missouri

24. FUNERAL DIRECTOR: L. R. Sparks **ADDRESS**: Charleston, Mo. **25. DATE RECD. BY LOCAL REG.**: 9-4-57 **26. REGISTRAR'S SIGNATURE**: Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-0

RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed 9-9-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A. Ruffin.....

Licensed Embalmer No....50
2501 Popla
P. O. Address Cairo, Il

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.