

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29317**
Registrar's No. **7474**

FILED SEP 4 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (In this place) 9 days d. FULL NAME OF HOSPITAL OR INSTITUTION James Clark Chronic Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 107 03143 New Ashland	
3. NAME OF DECEASED a. (First) James b. (Middle) _____ c. (Last) Clark (Type or Print)		4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1957	
5. SEX male	6. COLOR OR RACE col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widower	8. DATE OF BIRTH MARCH 4 1877
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR 5 MONTHS 5 DAYS	IF UNDER 12 HRS. _____ MIN.	11. BIRTHPLACE (City and State or Foreign Country) Tenn.
10a. USUAL OCCUPATION (Give kind of work done during period of life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jack		13b. MOTHER'S MAIDEN NAME Louise ?	
14. NAME OF HUSBAND OR WIFE unk.		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mable Penny	
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) Coronary Thrombosis ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0	
18. INTERVAL BETWEEN ONSET AND DEATH stat		19. INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Hypertrophy Prostate Central Nervous System Supply	
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 7-31-57, 19__, to 8-9-57, 19__, that I last saw the deceased alive on 8-9-57, 19__, and that death occurred at 5:05a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. Beckhausen, M.D.		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED 8/9/57		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 8/12/57		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE G. B. Koonce	
25. ADDRESS 1221 W. Grand		DATE REC'D BY LOCAL REG. AUG 10 57	

4825 (Licensed Embalmer's Statement on Reverse Side)

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.....
James Brown

Licensed Embalmer No. 475

P. O. Address 1221 N. H.

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.