

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

29318

FILED SEP 4 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's Office No. **2638**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ellington Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros.		Length of stay in lb 6 days	3/ STREET ADDRESS (If outside, give location) 901 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARION Middle Last CLARK			4. DATE OF DEATH 8-8-57 Month 8 Day 8 Year 57
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-6-1886
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days 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 farm
11. BIRTHPLACE (City and state or country) Reynolds County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Clark		14. MOTHER'S MAIDEN NAME Rebecca Clark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT E.E. Clark, Ellington, Mo. Address 	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uræmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) nephrosclerosis DUE TO (c) arterial vascular accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 331X			INTERVAL BETWEEN ONSET AND DEATH
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 WORK <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 8-3-57 to 8-8-57 and last saw her/him alive on 8-8-57 Death occurred at 10:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James P. Shelburne, M.D.		22b. ADDRESS 2714 Telegraph A.L. Way 46	22c. DATE SIGNED 8-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-11-57	23c. NAME OF CEMETERY OR CREMATORY 	23d. LOCATION (City, town, or county) (State) Ellington, Mo.
24. FUNERAL DIRECTOR Pewitt, Ellington, Mo.		ADDRESS 	25. DATE RECD. BY LOCAL REG. AUG 15 57
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			Sp.

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 Homer H. D. [Signature]

Licensed Embalmer No. _____

P. O. Address _____

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.