

No. 300
10.48

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31178**

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY OR TOWN <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 F Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <u>812 Dixie</u>			

3. NAME OF DECEASED (Type or Print) <u>CLARENCE A. CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6-1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 11-1881</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mount City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James M. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Hiett Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Clark</u> ADDRESS <u>Liberty, Mo.</u>		

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Passive Congestion</u>			<u>4 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Myocardial decompensation</u>			<u>6 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senile Arteriosclerosis</u>			<u>9 Months</u>

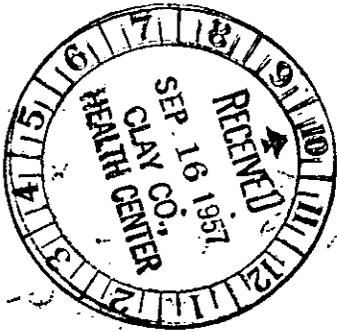
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>	
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 18 Jan, 1957, to 6 Sept, 1957, that I last saw the deceased alive on 6 Sept, 1957, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Theobald J. Hill D.O.</u>		23b. ADDRESS <u>Liberty, Missouri</u>		23c. DATE SIGNED <u>7 Sept 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 8, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harvest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Dwight, Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>9-10-57</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles A. Baker Co. Liberty, Mo.</u>	

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

491.0



VS
AUG 16 1937

NAA-1 A

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.....
Licensed Embalmer No. 444

P. O. Address..... Liberty

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.