

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32313

STATE FILE NUMBER

Registration District No. 157

Primary Registration District No. 5572

Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ja. Co. Hospt.			Length of stay in 1b 1yr-6mo 15		d. STREET ADDRESS 519 Bates		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First David Middle - Last Clark				4. DATE OF DEATH Month 9 Day 7 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 13, 1880		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Red			10b. KIND OF BUSINESS OR INDUSTRY MACHINIST		11. BIRTHPLACE (City and state or country) Clinton Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME No Record				14. MOTHER'S MAIDEN NAME No Record					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-54-9317		17. INFORMANT Address W. D. Clark, Jr. 519 Bates				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL Thrombosis								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) ARTERIOSCLEROSIS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Feb. 10, 1956 to Sept. 7, 1957 and last saw ^{him} him alive on 9-7-57 Death occurred at 6:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Harold W. Wrenn M.D. (Degree or title)				22b. ADDRESS Jackson County (Mo.)				22c. DATE SIGNED 9-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-10-57		23c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO			
24. FUNERAL DIRECTOR ADDRESS She: 1 Funeral Home K.C. Mo.				25. DATE RECD. BY LOCAL REG. 9-10-1957		26. REGISTRAR'S SIGNATURE N. B. Longford			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be stated. Cause of death must be stated. If cause of death is not stated, the coroner will be notified. If cause of death is not stated, the coroner will be notified. If cause of death is not stated, the coroner will be notified.

S.F.P. 2 3 1957

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.....
Thomas A. Smith

Licensed Embalmer No. 44

P. O. Address... K.C. Mo.

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.