

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1958

70
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 29

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain		a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Vandalia	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS 601 Pershing	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Frank Middle Charles Last Clark			Month Jan Day 23 Year 1958		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan 2, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain	11. BIRTHPLACE (City and state or country) Montgomery County, Mo., USA	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME Charles Clark	14. MOTHER'S MAIDEN NAME Ruth Green
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. ?	17. INFORMANT Mrs Ella May Clark, Vandalia, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure		72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage & Coronary Thrombosis	1 mo
	DUE TO (c) Atherosclerosis	10 yrs
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? 2

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.) 331X
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 **12-23-57** to **1-23-58** and last saw him alive on **1-23-58**
Death occurred at **5:30** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Jones D.O.	22b. ADDRESS LADDOON, MO	22c. DATE SIGNED 1-25-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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24. FUNERAL DIRECTOR William B Waters	ADDRESS Vandalia, Mo.	25. DATE RECD. BY LOCAL REG. JAN-25-1958	26. REGISTRAR'S SIGNATURE Blanche Stealy
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Waters*

Licensed Embalmer No. *41*

P. O. Address *Candale*

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.