

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005419  
STATE FILE NUMBER  
1013

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1013

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ORRICK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in hospital 173 days	d. STREET ADDRESS RR #2
3. NAME OF DECEASED (Type or print) First Middle Last FRANK CLARK			4. DATE OF DEATH Month Day Year FEBRUARY 24, 1958
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 Sept 28, 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT Grocer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) ORRICK, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GALE CLARK		13b. MOTHER'S MAIDEN NAME JANE ROWLAND	14. NAME OF HUSBAND OR WIFE MINNIE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or years unknown) (If yes, give year dates of service) YES WW I		16. SOCIAL SECURITY NO. 492-18-5024	17. INFORMANT Minnie Clark Orrick, Mo. Official Records, VA Hospital, K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia			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) Glioblastoma multiforme of brain			1930
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 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 Sept 4, 1957 to Feb 24, 1958 and last saw him alive on _____ Death occurred at 3:33 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Andrews (Degree or title)		22b. ADDRESS M. D. VA HOSPITAL, K.C., Mo.	22c. DATE SIGNED 2-24-58
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-24-58	23c. NAME OF CEMETERY OR CREMATORY Southpoint Cem.	23d. LOCATION (City, town, or county) (State) Orrick, Mo.
24. FUNERAL DIRECTOR PRICHARD FUNERAL Home Excelsior Springs, Mo		25. DATE RECD. BY LOCAL REG. 2-25-58	26. REGISTRAR'S SIGNATURE Neva Minshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Charles E. Andrews USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



MAR 13 1958

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 *Ralph Van Landingham* .....

Licensed Embalmer No. *4009* .....  
P. O. Address *Essex Springs, Mo.* .....

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.