

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009852

STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 100A Registrar's No. 1098

300 0
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY TULSA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TULSA 8350 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL		Length of stay in lb 2 WKS	d. STREET ADDRESS (If outside, give location) 4120 E. 22 PLACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First IRVING Middle HENRY Last CLARK			4. DATE OF DEATH Month 2 Day 27 Year 58			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-30-90	9. AGE (In years, last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRICT MANAGER		10b. KIND OF BUSINESS OR INDUSTRY PETROLEUM Co.	11. BIRTHPLACE (City and state or country) MOUND CITY KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JABE CLARK		13b. MOTHER'S MAIDEN NAME EDITH BENTLEY		14. NAME OF HUSBAND OR WIFE Avis B. CLARK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW # 1		16. SOCIAL SECURITY NO. 609-10-8307	17. INFORMANT Address I. H. CLARK, GRANDVIEW 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) Right sided heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	unknown
	DUE TO (c) Coronary sclerosis	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), aortic insufficiency		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 1	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT <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 701 East 63rd K.C. 10, Mo.	COUNTY JOHNSON	STATE KANSAS
21. I attended the deceased from March 1957 , to February 20, 58 and last saw him alive on 2/27/58 Death occurred at 6:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Alexander Shifrin M.D. (Degree or title)		22b. ADDRESS		22c. DATE SIGNED 2/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-2-58	23c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY	23d. LOCATION (City, town, or county) (State) JOHNSON COUNTY KANSAS
24. FUNERAL DIRECTOR Ed. Berger & Sons, Grandview Mo.		25. DATE RECD. BY LOCAL REG. 3/1-58	26. REGISTRAR'S SIGNATURE Neva Rainhall

(Licensed Embalmer's Statement on Reverse Side)

AL exander Shifrin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.



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 *Sterling E. Goodard*
Licensed Embalmer No. *4911*
P. O. Address *Grandview, 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.