

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010450
State File No.

FILED APR 4 1958

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. SV

0500

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

| | | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF. 1502</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>FESTO RURAL (JOACHIM)</u> | | c. LENGTH OF STAY (in this place) <u>3 WKS.</u> | c. CITY OR TOWN <u>DESOTO</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEFFERSON MEMORIAL HOSP.</u> | | | f. STREET ADDRESS (If rural, give location) <u>COMMERCIAL HOTEL</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LATTY</u> | | b. (Middle) <u>HOWARD</u> | c. (Last) <u>CLARKE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 21 1958</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>JULY 22 1874</u> | | 9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. TICKET SELLER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>JAMES W. CLARKE</u> | | 13b. MOTHER'S MAIDEN NAME <u>JEANETTE TAYLOR</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY CLARKE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>W^M GOETZ</u> | | ADDRESS <u>DESOTO 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic cordis</u> ANTECEDENT CAUSES <u>vascular disease</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <u>2</u> 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>4201</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 <u>Feb 28, 1958</u> , to <u>Nov 21, 1958</u> , that I last saw the deceased alive on <u>Nov 21, 1958</u> , and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Donnell B. Dietrich M.D.</u> | | | 23b. ADDRESS <u>Desoto, Mo</u> | | 23c. DATE SIGNED <u>11/22/58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAR 24 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | |
| DATE REC'D BY LOCAL REG. <u>3/22/58</u> | REGISTRAR'S SIGNATURE <u>John N. Stoll</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DONNELL B. DIETRICH DESOTO MO</u> | | |

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 1 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 *Donnell B. Deaton*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Depts. 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.