

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017456
State File No.

FILED MAY 28 1958

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5154 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mirabile rural</u>		c. LENGTH OF STAY (in this place) <u>6-m</u>	c. CITY OR TOWN <u>Cowgill, Mo.</u> <u>0130</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Berry Rest Home.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5--- 14--1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>I-I-1870</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad man Ret</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad man Ret</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section hand</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>William Henry Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Tibitha Hailey</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Jane Clark</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cramer Clark, Kingston, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mirabile Caldwell, MO.</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>June</u> , 19 <u>57</u> , to <u>5-14--</u> , 19 <u>58</u> that I last saw the deceased alive on <u>5-12--</u> , 19 <u>58</u> , and that death occurred at <u>4:45p</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank A. Daley, M.D.</u> (Degree or title)		23b. ADDRESS <u>Hamilton, Mo.</u>	
23c. DATE SIGNED <u>5-15-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>5-17-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Kingston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-58</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

JUN 4 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 *Lemb, Michael*

Licensed Embalmer No. *434*

P. O. Address *Brayman*

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.