

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017793

STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 120 Primary Registration District No. 5-444 Registrar's No. 212

S. 300
1-570
350

4

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN King City 0380		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plainview Rest Home			Length of stay in lb 2 years		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Overton Middle Barns Last Clark				4. DATE OF DEATH Month May Day 23 Year 1958				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 10. 1872		9. AGE (In years at birthday) 86	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith (retired)			10b. KIND OF BUSINESS OR INDUSTRY blacksmith		11. BIRTHPLACE (City and state or country) King City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jack Clark			13b. MOTHER'S MAIDEN NAME Nannie Ferguson			14. NAME OF HUSBAND OR WIFE (none)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Plainview Rest Home Address Albany, 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) Cardiac thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201							INTERVAL BETWEEN ONSET AND DEATH 2 days - 1 yr.	
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 5:10^{am} Month, Day, Year Jan. 1 - 58								
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		COUNTY		STATE
21. I attended the deceased from Jan. 1 - 58 to May 20 - 58 and last saw ^{her} him alive on May 20 - 58 . Death occurred at 5:10^{am} on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. J. Pray, D.O. (Degree or title)				22b. ADDRESS Albany, Mo.			22c. DATE SIGNED 3-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/24/58	23c. NAME OF CEMETERY OR CREMATORY King City Cem.		23d. LOCATION (City, town, or county) King City Mo.		(State)	
24. FUNERAL DIRECTOR Harold Woodrel ADDRESS King City, Mo			25. DATE RECD. BY LOCAL REG. 5-26-58		26. REGISTRAR'S SIGNATURE Ms. L. W. Bare			

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harold E. Hodrel

Licensed Embalmer No. 4609
P. O. Address King City, 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.