V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36731-58

State File No. 58-020637

FILED JUN 3 1958

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 47

1030

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma Elk Twp.
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma Elk Twp. 1030
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lewayne
b. (Middle): Earl
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1958

5. SEX: male 2
6. COLOR OR RACE: colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child 0
8. DATE OF BIRTH: May 13, 1958
9. AGE (In years last birthday): If under 1 year: Months: ; Days: 1 ; If under 24 hrs.: Hours: ; Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: child
11. BIRTHPLACE (City and State or Foreign Country): Parma, Mo. R. 1 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Theoplis Clark
13b. MOTHER'S MAIDEN NAME: Onie Perkins
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): X X X X X X X
16. SOCIAL SECURITY NO.: X X X X X X
17. INFORMANT'S SIGNATURE OR NAME: Theoplis Clark
ADDRESS: Parma, Mo. R. 1

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung irritation and infection — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulation on blood
DUE TO (c) and uterine fluid

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. before birth

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7610
20. AUTOPSY? 0 YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 13, 1958, *to* May 14, 1958, *that I last saw the deceased alive on* May 13, 1958, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Geo. W. Husted (Degree or title) 0
23b. ADDRESS: Parma, Mo
23c. DATE SIGNED: 5/20/58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5-14-58
24c. NAME OF CEMETERY OR CREMATORY: Dexter cemetery
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: 5/21/58
REGISTRAR'S SIGNATURE: Velma U. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins & Sons
ADDRESS: Dexter, Mo.

(Permit Embalmer's Statement on Reverse Side)

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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 Was Not Embalmed Student Embalmer No. working under my personal supervision.

Student ..... Student Embalmer

Signed Mark Matthews

Licensed Embalmer No. 4717

P. O. Address Dexter 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 this body is not embalmed, fact should be so stated above.