

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033544

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 23-58

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Miller COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Iberia, Mo. 0660
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys		Length of stay in 1b 8 DAYS	d. STREET ADDRESS R#1
3. NAME OF DECEASED (Type or print) First Middle Last Norman Eugene Clark			4. DATE OF DEATH Month Day Year Sept 7, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 22, 1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years (irrhday) FINDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miller Co. Mo
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eugene Clark		13b. MOTHER'S MAIDEN NAME Effie May Norwood	14. NAME OF HUSBAND OR WIFE Hester Berry Clark
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. 487-18-9526	17. INFORMANT Address Norman Clark Vienna 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) MYOCARDITIS, ACUTE			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE LUPUS ERYTHEMATOSIS, DISSEMINATED			1 MONTH
DUE TO (c) 456X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE
21. I attended the deceased from 8-19-58 to 9-7-58 and last saw him alive on 9-7-58 Death occurred at 7:45P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. E. Humphreys D.O. (Degree or title)		22b. ADDRESS Tuscumbia, Mo.	22c. DATE SIGNED 9-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9/13/58	23c. NAME OF CEMETERY OR CREMATORY Union	23d. LOCATION (City, town, or county) (State) Iberia, Mo
24. FUNERAL DIRECTOR'S ADDRESS Hedges Funeral Homes Iberia, Mo		25. DATE RECD. BY LOCAL REG. 9-17-1958	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300
1-57

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

MEDICAL CERTIFICATION

RECEIVED

SEP 23 '58

Miller County
Health Department

OCT

7 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 *Walter P. Hedges*

Licensed Embalmer No. *4269*
P. O. Address *Merri, 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.