

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033641
STATE FILE NUMBER

DECEASED OCT 14 1958 Registration District No. 251 Primary Registration District No. 4370 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Clearmont Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hopkins Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nurs. Home Length of stay in 1b 8 Mos.		d. STREET ADDRESS (If outside, give location) Not Known Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) IRA WALTER CLARK			4. DATE OF DEATH Sept. 28, 1958			
First	Middle		Last	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clarinda, Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Seth J. Clark	14. MOTHER'S MAIDEN NAME Martha (Maiden name not known)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Helen Clark Address Hopkins, Mo.
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18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular occlusion		INTERVAL BETWEEN ONSET AND DEATH Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	Years
	DUE TO (c) 332 X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <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 Elmo, Missouri	COUNTY	STATE
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21. I attended the deceased from **Sept 8-58** to **9/30/58** and last saw **him** alive on **9/21/58**
Death occurred at **11:15 A** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harvey Ford (Degree or title) D.O.	22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED 9/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Bur.	23b. DATE Oct. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Old Memory Cemetery	23d. LOCATION (City, town, or county) (State) New Market, Iowa.
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24. FUNERAL DIRECTOR Walker Funeral Home, Clarinda, Ia	25. DATE RECD. BY LOCAL REG. 10-11-58	26. REGISTRAR'S SIGNATURE Bess Holt
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(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Boyd G. Novinger Iowa
~~Student~~ Embalmer No. 351
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loren Davis
.....

Iowa Licensed Embalmer No. 3148

P. O. Address Clarinda,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.