

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044032

STATE FILE NUMBER

6175

FILED JAN 14 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Mary's Hospital</i>		Length of stay in lbs <i>54 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>338 Norton</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Anna Rebecca Clark</i>		4. DATE OF DEATH Month <i>12</i> Day <i>27</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 31-1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (City and state or country) <i>Wilkesbury Penn.</i>
13a. FATHER'S NAME <i>George Scheck</i>		13b. MOTHER'S MAIDEN NAME <i>Anna</i>	14. NAME OF HUSBAND OR WIFE <i>James E. Clark</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Lula Stames</i> Address <i>338 Norton K.C. Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atherosclerotic Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Atherosclerosis Coronary Arteries</i> DUE TO (c) <i>4200</i>			INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized Atherosclerosis</i>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 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 <i>9-12-58</i> to <i>12-27-58</i> and last saw her alive on <i>12-27-58</i> Death occurred at <i>8:35 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert L. Ward, M.D.</i>		22b. ADDRESS <i>4126 St. John K.C. Mo.</i>	
22c. DATE SIGNED <i>12-29-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12-30-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>C. H. Blackman &amp; Son Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>12-29-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert L. Ward

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 *Bert B. Bennett*

Licensed Embalmer No. *4656*.....

P. O. Address *L. C., 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.