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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001239
STATE FILE NUMBER 162

FILED JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1108 RIALTO Bldg. — Length of stay in Hospital: 58 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4740 ROANOKE PKwy. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HARRY Middle: CLINTON Last: CLARK

4. DATE OF DEATH Month: JAN. Day: 8 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH MAR. 25 ~~1899~~ 1900

9. AGE (In years Last birthday): 58 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY

10b. KIND OF BUSINESS OR INDUSTRY: CLARK & KAINES BARBER SHOP

11. BIRTHPLACE (City and state or country): KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES F. CLARK

13b. MOTHER'S MAIDEN NAME: VIRGINIA HOLMES

14. NAME OF ~~HUSBAND OR~~ WIFE: LUCILLE A. 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.: 489-44-2036

17. INFORMANT: LUCILLE A. CLARK — Address: 4740 ROANOKE PKwy. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: About 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis ? — ?
DUE TO (c):
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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 Nov. 12, 1942, to Jan 8, 1959 and last saw ~~her~~ him alive on Nov. 7, 1958
Death occurred at 4:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Walker MD

22b. ADDRESS: 836 Prof Bldg. Kansas City Mo

22c. DATE SIGNED: 1/9/1959

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JAN. 10. 1959

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): CULVER CITY CALIFORNIA

24. FUNERAL DIRECTOR: D.W. Newcomers Sons — ADDRESS: 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 1-10-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Joseph E. Walker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 6 1959

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 .....

Licensed Embalmer No. 3035

P. O. Address .....

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.