THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002444
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 280 Primary Registration District No. ..... Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parkville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 8 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Platte
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 407 Spruce (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle THOMAS Last CLARK
4. DATE OF DEATH: Month Jan Day 12 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan 14, 1894
9. AGE (In years last birthday) 64 — 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) Machinist
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (City and state or country) Sargents Bluff, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 464-07-2252
17. INFORMANT George E. Clark, Bx 69 R70 #3 (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro vascular Accident — 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart Disease — several
DUE TO (c) Coronary Occlusion — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Emphysema + fibrosis 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1956, to 1959 and last saw ~~her~~ him alive on 1-10-59
Death occurred at ..... m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard L. Mullins (Degree or title) M.D.
22b. ADDRESS 1806 Swift St. Kansas City Mo
22c. DATE SIGNED 1-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE January 16, 1959
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Leavenworth, Kans.

24. FUNERAL DIRECTOR Leland H. Morris — ADDRESS Parkville, Mo.
25. DATE REC'D BY LOCAL REG. 1-13-1959
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 1959
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By.....
JAN 27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

~~by me~~, or by Haddon E. Francis, Student Embalmer No. 57

working under my personal supervision..

Student Haddon E. Francis
Signature of Student Embalmer

Signed Leland H. Franc

Licensed Embalmer No. 34

P. O. Address Parkville

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.