Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004202
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 2

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

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

3. NAME OF DECEASED (Type or print) First Charles Middle Ray Last Clark
4. DATE OF DEATH Month Jan Day 25 Year 1959
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-15-1953
9. AGE (In years last birthday) 5 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Licking Mo
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Harold Clark
13b. MOTHER'S MAIDEN NAME Mollie E. Johnson
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Robbins Address Lebanon 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) drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) falling in pond of water
DUE TO (c) 9291
INTERVAL BETWEEN ONSET AND DEATH 5-10 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42
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.) skating on pond & fell through 107
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.) farm
20f. CITY, TOWN, OR LOCATION Sherrell twp. COUNTY Texas STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:30 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Deaton (Coroner) (Degree or title) 3
22b. ADDRESS Cabool, Mo.
22c. DATE SIGNED 1-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 27, 1959
23c. NAME OF CEMETERY OR CREMATORY Shafer Cem
23d. LOCATION (City, town, or county) Texas Co. (State) Mo
24. FUNERAL DIRECTOR Smith-Ferguson ADDRESS Licking Mo
25. DATE RECD. BY LOCAL REG. Jan. 30, 1959
26. REGISTRAR'S SIGNATURE Mrs. Elnora Hesse

(Licensed Embalmer) (Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Luther E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lansing M

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.