

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004843

STATE FILE NUMBER

MED MAR 16 1959

Registration District No.

70

Primary Registration District No.

Registrar's No.

12

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Clark</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clark</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kahoka</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kahoka</i> <i>230</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>152 W. Thompson</i>		Length of stay in lb <i>life</i>	d. STREET ADDRESS (If outside, give location) <i>152 W. Thompson</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY Gertrude CLARK</i>			4. DATE OF DEATH Month Day Year <i>Feb. 25, 1959</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 3, 1896</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
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	11. BIRTHPLACE (City and state or country) <i>Clark County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>William McLaughlin</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Ellison</i>		14. NAME OF HUSBAND OR WIFE <i>Harry Clark</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service).		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Harry Clark</i> Address <i>Kahoka, 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>Inaction and Senility</i> <i>(Transition)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m.			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>October, 1957</i> and last saw her alive on <i>Feb 25 - 1959</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Grace L. Gray</i> (Degree or title) <i>D.O.</i>			22b. ADDRESS <i>Kahoka, Mo.</i>		22c. DATE SIGNED <i>3/7/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>2-27-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Kahoka Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kahoka, Mo.</i>
24. FUNERAL DIRECTOR <i>Otis L. Lutting - Kahoka, Mo.</i>		ADDRESS	25. DATE RECD BY LOCAL REG. <i>3/9-59</i>	26. REGISTRAR'S SIGNATURE <i>J. H. ...</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

298, 2 1/2 1/4"

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 *John Polin*

Licensed Embalmer No. *5035*
P. O. Address *Kaloka, Md*

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.