

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012858  
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 106

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Foristell</b> <b>0920</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Foristell Road</b>	
Length of stay in 1b <b>10 days</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Luther Clark</b>			4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 20, 1897</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Light Construction</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alfred Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Camp</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Clark</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-34-3085</b>	17. INFORMANT <b>Roy Clark</b>	Address <b>Foristell, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage into both cerebral hemispheres.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>Car Accident - Hi. way 40 - near Foristell</b>
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20c. TIME OF INJURY <b>5:15 a.m.</b> <b>4-18-59</b>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Foristell</b>	COUNTY <b>Franklin</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>4-18-59</b> to <b>4-28-59</b> and last saw him alive on <b>4-28-59</b> Death occurred at <b>9:00 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>John B. Ryan M.D.</b> (Degree or title)	22b. ADDRESS <b>Washington, Mo.</b>	22c. DATE SIGNED <b>4-29-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 2, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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24. FUNERAL DIRECTOR <b>Wm. H. Schumacher</b>	ADDRESS <b>Wentzville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-1-59</b>	26. REGISTRAR'S SIGNATURE <b>F. P. Huberman</b>
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(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6961 8 T AME

8501 8 MRF

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 *Harward O Kessler*

Licensed Embalmer No. *4631*  
P. O. Address *Wentzville*

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.