

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016782

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY <i>Buchanan Co Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Levy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. CITY OR TOWN <i>Ludlow</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>State Hospital #2</i>		Length of stay in lb <i>12 to 2 mo</i> <i>27 days</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Delbert A. Clark</i>			4. DATE OF DEATH Month Day Year <i>May 23 1959</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 28 1906</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	9. AGE (In years last birthday) <i>53</i>
11. BIRTHPLACE (City and state or country) <i>Ludlow, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>James H. Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Fitzpatrick</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Record State Hospital #2</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>Traumatic shock</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Multiple fractures pelvis left hip &amp; tibia at once</i> DUE TO (c) <i>Fall on concrete steps</i>			INTERVAL BETWEEN ONSET AND DEATH <i>about 3 hours</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Autopsy refused.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>Patient was hanging by hands to outside light fixture which gave way.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>145 p.m. May 23 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>State Hospital #2</i>	
20e. CITY, TOWN, OR LOCATION <i>131</i>		COUNTY STATE <i>Saint Joseph Buchanan MO</i>	
21. Was attended the deceased from Death occurred at <i>4:30 PM May 23 59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>3</i> <i>Samuel M. Boronov</i>	
22b. ADDRESS <i>14 Kirkpatrick Bldg</i>		22c. DATE SIGNED <i>May 24 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>5/24/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bogard, Mo</i>
23d. LOCATION (City, town, or county) (State) <i>Bogard, Mo</i>		24. FUNERAL DIRECTOR <i>Heston-Bauman</i>	
ADDRESS <i>St Joseph Mo</i>		25. DATE RECD. BY LOCAL REG. <i>May 25, 1959</i>	
26. REGISTRAR'S SIGNATURE <i>Wm Clark Goodell</i>			

All diseases in Part I must be causally related.  
DR. S. E. McELUNEY  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Ron F. Fuller* .....

Licensed Embalmer No. *4818* .....  
P. O. Address *St. Joseph* .....

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.