

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021810

FILED JUN 30 1959

Registration District No. 146

Primary Registration District No. 3026

STATE FILE NUMBER

Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kirby Home</b>		Length of stay in lb	STREET ADDRESS (If outside, give location) <b>1014 Broadway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <del>ANN</del> <b>ANNA</b> Middle <b>MARGARET</b> Last <b>CLARK</b>			4. DATE OF DEATH Month <b>June</b> Day <b>20</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 20 1882</b>	9. AGE (In years last birthday) <b>77</b>	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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>	11. BIRTHPLACE (City and state or country) <b>Ottumwa Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob Rupp</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Schroder</b>		14. NAME OF HUSBAND OR WIFE <b>Ira E Clark (Dec)</b>	
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>511-16-3986</b>	17. INFORMANT Address <b>Mrs Margaret Strathmann 1407 W 28 Indep Mo</b>		
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>Acute Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Hypertensive Heart Disease</b> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6-19-59</b> <b>6-20-59</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>5-4-59</b> to <b>now</b> and last saw her/him alive on <b>5-29-59</b> Death occurred at <b>2660 1/6 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>e J Zammarr Jr.</b>			22b. ADDRESS <b>DR. CHARLES J. ZAMMAR 300 South Liberty</b>		22c. DATE SIGNED <b>6-22-59</b>
23a. BURIAL OR CREATION, REMOVAL (Specify)		23b. DATE <b>June 23 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Old Iola Cemetery</b>	
<b>Removal</b>		<b>June 23 1959</b>		<b>Iola Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>John P Sheil Kansas City Mo</b>			25. DATE RECD. BY LOCAL REG. <b>6-23-59</b>		26. REGISTRAR'S SIGNATURE <b>James L. Poir</b>

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 *Thomas A. Smith* .....

Licensed Embalmer No. *9951* .....  
P. O. Address *F. C. 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.