

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035091

FILED VS NOV 3 1959

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Primary Registration District No. 3001

Registrar's No. 15

STATE FILE NUMBER

EMENDED

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia		c. CITY OR TOWN Vandalia	
Length of stay in 1b 40 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 801 Clay St		d. STREET ADDRESS (If outside, give location) 801 Clay Str.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charley Middle C. Last Clark			4. DATE OF DEATH Month Oct. Day 18 Year 1959			
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-78	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HR Hours 18 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer	10b. KIND OF BUSINESS OR INDUSTRY Fire Brick	11. BIRTHPLACE (City and state or country) Columbia, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Will Clark	13b. MOTHER'S MAIDEN NAME Ellen Clark	14. NAME OF HUSBAND OR WIFE Lou Clark
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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) No	16. SOCIAL SECURITY NO. 293-05-9621	17. INFORMANT Alberta Palmer Address Vandalia, Mo.
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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) hemorrhage from stomach		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 months
DUE TO (b) Carcinoma of stomach		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) grusely arteriosclerosis - years		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 10:30 a.m. PM Month, Day, Year March 18, 1952	20d. INJURY OCCURRED WHILE AT WORK <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 Vandalia COUNTY Missouri STATE Mo.
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21. I attended the deceased from March 18, 1952 to October 18, 1959 and last saw her/him alive on 10/18/59 Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Print name or title) Chas M I	22b. ADDRESS Vandalia Mo	22c. DATE SIGNED 10/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri.
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24. FUNERAL DIRECTOR William Blanton - Vandalia, Mo	25. DATE RECD. BY LOCAL REG. October 29 1959	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William B. Water

Licensed Embalmer No. 4169

P. O. Address Nardalia, N.

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.

William B. Water