

**MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN - 4 1960

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UNRECORDED

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| Registration District No. 042  |  | Primary Registration District No. 1000  |  | Registrar's No. 1288  |  | STATE FILE NUMBER  |  |
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |  |  |
| a. COUNTY<br><b>Buchanan</b>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Joseph</b>                            |  | a. STATE<br><b>Mo.</b>  |  | b. COUNTY<br><b>Buchanan</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Joseph</b>   |  | Length of stay in 1b<br><b>10 years</b>   |  | c. CITY OR TOWN<br><b>St. Joseph</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>Sunnyslope Nursing Home</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |  | d. STREET ADDRESS (If outside, give location)<br><b>1716 Jule</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)  |  | First<br><b>BYRON</b>   |  | Middle<br><b>D.</b>   |  | Last<br><b>CLARK</b>   |  |
| 4. DATE OF DEATH   |  | Month<br><b>December</b>  |  | Day<br><b>18</b>  |  | Year<br><b>1959</b>  |  |
| 5. SEX<br><b>male</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Feb. 22, 1868</b>   |  |
| 9. AGE (last birthday)<br><b>91</b>  |  | IF UNDER 1 YEAR<br>Months Days  |  | IF UNDER 24 HR<br>Hours Min.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Minister</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Christian Church</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Cobesburg, Iowa</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Ben A. Clark</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah M. Hewitt</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Katherine I. Clark</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>492-40-5852</b>   |  | 17. INFORMANT<br><b>Sidney Clark, 1716 Jule, St. Joseph, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. INTERVAL BETWEEN ONSET AND DEATH   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a) <b>Acute Coronary occlusion</b>  |  |   |  |   |  | <b>STAT</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Coronary sclerosis</b>   |  |   |  |   |  | <b>yes</b>   |  |
| DUE TO (c) <b>Gen arteriosclerosis</b>   |  |   |  |   |  | <b>yes</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Severe asthmatic Bronchitis -</b>  |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year  |  | 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>Oct 59</b> to <b>Dec 59</b> and last saw <sup>her</sup> him alive on <b>12-5-59</b><br>Death occurred at <b>9:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>M.E. Bruner M.D.</b>  |  |   |  | 22b. ADDRESS<br><b>St JOSEPH Mo</b>   |  | 22c. DATE SIGNED<br><b>12-19-59</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  |  | 23b. DATE<br><b>12/20/1959</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Alvin Texas</b>  |  | 23d. LOCATION (City, town, or county) (State)  |  |
| 24. FUNERAL DIRECTOR<br><b>Victor Bauman, St. Joseph, Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>Dec. 28, 1959</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Goodell</b>   |  |

DOCUMENT

BY AFFIDAVIT OF M.E. GRIMES, M.D. MEDICAL CERTIFICATION

VS AUG 24 1960

APR 1 1960

MAR 22 1960

**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 *Heron O. Smith*

Licensed Embalmer No. 3928

P. O. Address 819 S. 10th 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.