

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 46 5 8 4

FILED VS. DEC 22 1959 360

Primary Registration District No. 3076 Registrar's No. 243

STATE FILE NUMBER

INDEXED

DOCUMENT

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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri | | Length of stay in 1b 7 days | c. CITY OR TOWN Walker, Missouri |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ----- |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Annie Middle Pickell Last Clark | | | 4. DATE OF DEATH Month December Day 14 Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-31-1880 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months 11 Days ----- Hours ----- Min. ----- |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and State or country) St. Clair, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Tom Casey | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND Lewis Clark | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Address Mrs. Vergie Gundy, Walker, Missouri | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Carcinoma of sigmoid with metastasis into abdomen and liver | | 6 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lesion was rather silent until it perforated into lateral abdominal wall and abscess developed which was drained. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 **Sept. 15, 1952** to **Dec. 14, 1959** and last saw her alive on **Dec. 14, 1959**
Death occurred at **Nevada, Missouri** **11:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) R. B. Wray, M.D. | 22b. ADDRESS Moore Bldg., Nevada, Missouri | 22c. DATE SIGNED 12/15/39 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-16-1959 | 23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery | 23d. LOCATION (City, town, or county) (State) Nevada, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc. Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. Dec. 18-1959 | 26. REGISTRAR'S SIGNATURE Anna E. Juvay |
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(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

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 Richard L. Lipp

Licensed Embalmer No. 5053

P. O. Address H. Coak

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.