URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011787

STATE FILE NUMBER

FILED VS APR 8 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 132

NDED

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 803 Webb St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Normanda Middle Jane Last Clark

4. DATE OF DEATH Month Day Year 4 - 2 - 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3-6-1881

9. AGE (last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Audrain County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Samuel Justice

13b. MOTHER'S MAIDEN NAME Isabell McKinzie

14. NAME OF HUSBAND OR WIFE Charles Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ruth Stone Address New Canton, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction - anterior — INTERVAL BETWEEN ONSET AND DEATH 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-2-60, to 4-2-60 and last saw her/him alive on 4-2-60
Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl LaMoine Rapp MD

22b. ADDRESS 711 Grand Hannibal Mo

22c. DATE SIGNED 4-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-7-1960

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home - Hannibal, Mo.

25. DATE RECD. BY LOCAL REG. 4/4/60

26. REGISTRAR'S SIGNATURE Dr. E. M. Luck by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4217

P. O. Address Hann ibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.