

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

## =60-029890

FILED VS AUG 25 1960

59

Registration District No. \_\_\_\_\_ Primary Registration District No. 4097 Registrar's No. 149

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		c. CITY OR TOWN <u>3 mi West of Harrisonville</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Harrisonville R#3</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>DONALD KENT CLARK</u>			4. DATE OF DEATH Month Day Year <u>Aug 19 1960</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>Oct 29 1944</u>		9. AGE (last birthday) <u>15</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co MO</u>		11. BIRTHPLACE (City and state of country) <u>Cass Co MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Fred Clark</u>			
14. MOTHER'S MAIDEN NAME <u>Ida Alice Brewer</u>		15. NAME OF HUSBAND OR WIFE <u>Mr. J. S. Smalley</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>475-46-9054</u>		17. INFORMANT Address <u>Mrs. Junice Smalley Peculiar MO</u>	
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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) <u>SHOCK SEVERE BLOOD LOSS</u> DUE TO (b) <u>TRANSECTION SACRUM DEVISCERATION COLON</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>	
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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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL UNDER TRACTOR PLOW (FARM ACCIDENT)</u>	
20c. TIME OF INJURY Hour <u>4</u> Month, Day, Year <u>8-19-60</u>		20d. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	
20f. CITY, TOWN, OR LOCATION <u>HARRISONVILLE</u>		COUNTY <u>CASS</u>		STATE <u>MO</u>	

21. I attended the deceased from _____ and last saw him alive on <u>19 AUG 1960</u>	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>[Signature] MD</u>		22b. ADDRESS <u>Harrisonville MO</u>		22c. DATE SIGNED <u>20 Aug 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 22 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Raymore Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Raymore MO</u>		24. FUNERAL DIRECTOR <u>[Signature]</u>			

24. FUNERAL DIRECTOR ADDRESS <u>Harrisonville MO</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 20 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest R. Rumberger

Licensed Embalmer No. 3369

P. O. Address Harrison

**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.