

FILED VS. SEP 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8627 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY **				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		Length of stay in 1b 8 Days		c. CITY OR TOWN St. Clair, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 425 Gravois Ave.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle CLEO Last CLARK				4. DATE OF DEATH Month Sept. Day 1 Year 1960				
5. SEX Male	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 Feb. 8, 1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Well Drilling		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Okl. (Terr)		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Thomas William			13b. MOTHER'S MAIDEN NAME Allie Bingham			14. NAME OF HUSBAND OR WIFE Marie Clark, St. Clair Mo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 490-30-1710		17. INFORMANT Robert Miller		Address 3438 Northron Rd. Dallas, Texas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Cerebrovascular DUE TO (c) Brain tumor, malignant, medulla. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1930							INTERVAL BETWEEN ONSET AND DEATH	
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.) 1930				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 				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				
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 St. Clair, Mo.		COUNTY Franklin STATE Missouri		
21. I attended the deceased from 7-1-60 to 9-1-60 and last saw her/him alive on 9-1-60 Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Francis S. Walker, M.D.				22b. ADDRESS 4161 Lindell Blvd		22c. DATE SIGNED 9-2-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Midlawn Memorial Gardens, Union, Missouri		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Shemard W. Kitchell St. Clair, Mo.				25. DATE RECD. BY LOCAL REG. SEP 2 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sheward W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair,

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.