MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

60-048500
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co Memorial
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Tommy Middle Joe Last Clark
4. DATE OF DEATH Month Dec Day 25 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/25/1944
9. AGE (last birthday) 16
IF UNDER 1 YEAR Months — Days 18
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Long Run Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James H. Clark
13b. MOTHER'S MAIDEN NAME Bertha Riley
14. NAME OF HUSBAND OR WIFE none
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. none
17. INFORMANT Virginia Mae Cooper Address Elk Creek Missouri

MEDICAL CERTIFICATION

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 TRAUMATIC BRAIN DAMAGE — INTERVAL BETWEEN ONSET AND DEATH 3½ HRS.
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.) HEAD-ON AUTO COLLISION
20c. TIME OF INJURY Hour 11-50 a.m. p.m. Month, Day, Year 12-25-60
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.) HIGHWAY 137
20f. CITY, TOWN, OR LOCATION COUNTY TEXAS STATE MO.

BY AFFIDAVIT OF

21. I attended the deceased from 12-26-60, to 12-26-60 and last saw her/him alive on 12-26-60
Death occurred at 4:27 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title) M.D.
22b. ADDRESS Houston, Mo.
22c. DATE SIGNED 12-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-31-1960
23c. NAME OF CEMETERY OR CREMATORY Pine Lawn
23d. LOCATION (City, town, or county) (State) City limits of Houston Mo
24. FUNERAL DIRECTOR L. F. Evans ADDRESS Houston, Mo
25. DATE RECD. BY LOCAL REG. 1-6-61
26. REGISTRAR'S SIGNATURE Myrtie Craig M.S.

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1961

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 Ewell C Crai

Licensed Embalmer No. 47 6

P. O. Address Mtn L

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