

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001932

FILED VS JAN 24 1961

160

Registration District No. Primary Registration District No. 559 Registrar's No.

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OHIO b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim township		Length of stay in 1b 2 hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS 3007 Neil Ave.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Franklin Last Clark			4. DATE OF DEATH Month Jan, 9, 1961 Day Year
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-19-78
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Pittsburgh Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME David Clark	
13b. MOTHER'S MAIDEN NAME Mary Jane Anderson		14. NAME OF HUSBAND OR WIFE Mary Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Helen Whitmire, 409 10th. St.		Address Crystal City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerotic heart disease with hypertension 2 yrs. 4 mos. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 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			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs. 4 1/2 mos.
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.) ---- no injury	
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.) ---- No injury		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-30-59 to 1-9-61 and last saw her/him alive on 1-9-61 Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John F. Rutledge		(Degree or title) M.D.	
22b. ADDRESS Manns Bldg., Festus, Mo.		22c. DATE SIGNED 1-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-9-61	23c. NAME OF CEMETERY OR CREMATORY Westerville City.	23d. LOCATION (City, town, or county) (State) Westerville, Ohio
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc. Festus, Mo.		25. DATE RECD. BY LOCAL REG. 1-9-61	
26. REGISTRAR'S SIGNATURE [Signature]			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed *H. L. Majors*

Licensed Embalmer No. 3010

P. O. Address Festus MO

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.