

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1961

-61-004332

STATE FILE NUMBER

AMENDED

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 9

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duck Creek		Length of stay in 1b 3Hrs	c. CITY OR TOWN St Louis 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 DOA Poplar Bluff, Hosp			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 N Sarah	
3. NAME OF DECEASED (Type or print) First HARRY Middle L. Last CLARK			4. DATE OF DEATH Month Jan Day 15 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-4-1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months 49 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern		10b. KIND OF BUSINESS OR INDUSTRY Tavern Owner		11. BIRTHPLACE (City and state or country) Lynn, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Louis E, Clark		13b. MOTHER'S MAIDEN NAME Unknown Potts		14. NAME OF HUSBAND OR WIFE	
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 Harry L, Clark Jr Address 123 N 5Th Monrosia, Cal.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant DUE TO (b) Investigation made by coroner and no evidence of foul play found DUE TO (c) Sudden 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					
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.)	
20c. TIME OF INJURY Hour 8:10 a.m. 8:10 p.m.		Month, Day, Year		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.) Dudley, Mo R-1		20f. CITY, TOWN, OR LOCATION Stoddard Mo.		20g. COUNTY Stoddard STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:10 a.m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marsh Wathens (Degree or title) Coroner			22b. ADDRESS Dexter Mo.		22c. DATE SIGNED 1-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-16-61	23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR White's Funeral Home Fisk, Mo.		25. DATE RECD. BY LOCAL REG. 1/25/61		26. REGISTRAR'S SIGNATURE Velma J. Jenkins	

MAR 22 1967

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

Raymond L. Duffee

Licensed Embalmer No.

4798

P. O. Address

Bernie, 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.