

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 60 STATE FILE NUMBER -61-007847

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u>	Length of stay in lb <u>3 HRS</u>	c. CITY OR TOWN <u>R.F.D. #2 AUXVASSE</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>MO.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WARREN</u> Middle <u>FRANKLIN</u> Last <u>CLARK</u>	4. DATE OF DEATH Month <u>MARCH</u> Day <u>2</u> Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 16, 1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>OTTUMWA, IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JIM CLARK</u>	13b. MOTHER'S MAIDEN NAME <u>OLLIE MAY GATES</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES M. CLARK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	17. INFORMANT <u>FRANCES CLARK AUXVASSE</u> Address <u>RFD #2</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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Massive gastric hemorrhage</u>		<u>7 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>(known 100%) Ulcer possibly malignant</u>	<u>?</u>
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. <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 <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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>OTTUMWA</u> COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from <u>Sept. 1953</u> to <u>2 March 1961</u> and last saw him alive on <u>2 March 61</u> Death occurred at <u>3:20 Pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>E. C. York</u> (Degree or title)	22b. ADDRESS <u>Jackson Mo</u>	22c. DATE SIGNED <u>6 March</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4 MARCH 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SHAWH</u>	23d. LOCATION (City, town, or county) (State) <u>OTTUMWA IOWA.</u>
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24. FUNERAL DIRECTOR <u>MAUPIN FUNERAL HOME</u> ADDRESS <u>Fulton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 16 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address Fulton, 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.