

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020613

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 248

STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in lb 7 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cape Gir.
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1054 N. Clark St. Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last William Henry Clark
 4. DATE OF DEATH June 9, 1961 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 12-23-1872 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone mail supervisor 10b. KIND OF BUSINESS OR INDUSTRY Communication 11. BIRTHPLACE (City and state or country) New London, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Henry Clark 13b. MOTHER'S MAIDEN NAME Jane Riggs 14. NAME OF HUSBAND OR WIFE Lois Humphrey Clark Address

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 Wm. Arthur Clark Cape Gir., Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Edema - Acute 3 day
 DUE TO (b) Chronic Myocarditis 3 yrs.
 Chr. Lymphatic Leukemia 3 yrs.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adeno Carcinoma of Rectum
 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.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-15-61 to 6-9-61 and last saw him alive on 6-9-61
 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (If free or title) William J. Oschler M.D. 22b. ADDRESS Cape Girardeau Mo 22c. DATE SIGNED 6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 10, 1961 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) Webster Groves, Mo. (State)

24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 6-17-61 26. REGISTRAR'S SIGNATURE Irene Kasten

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 20 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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.