

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-028302

STATE FILE NUMBER

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 5 minutes	c. CITY OR TOWN Sheldon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONALD Middle RAY Last CLARK			4. DATE OF DEATH Month August Day 14 Year 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-6-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) IF UNDER 1 YEAR: Months 2 Days 8 IF UNDER 24 HR: Hours 1 Min. 3
11. BIRTHPLACE (City and state or country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Donald Clark		13b. MOTHER'S MAIDEN NAME Bessie M. Smith	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT Mr. Donald Clark, Sheldon, 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) Shock			INTERVAL BETWEEN ONSET AND DEATH 1-3 hours
DUE TO (b) Pain and Trauma			
DUE TO (c) Fractures, right 2-3-4-5-6th ribs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hematoma, right scrotum Contusion and bruises of chest, neck, and left shoulder			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Father states that he struck infant	
20c. TIME OF INJURY Hour 5:15 p.m. Month, Day, Year 8-14-1961			
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.) In home on a farm	20f. CITY, TOWN, OR LOCATION Rt#1, Sheldon	COUNTY Barton STATE Missouri
21. I attended the deceased from ---, to --- and last saw ^{or} him alive on --- Death occurred at approximately 6:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thomas Carroll M.D.</i> (Degree or title) Coroner, Barton County, Missouri		22b. ADDRESS 1204 Gulf Street, Lamar, Mo.	22c. DATE SIGNED 8-15-61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-1961	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) Independence, Missouri (State)
24. FUNERAL DIRECTOR Carson Funeral Home, Independence, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 16 '61	26. REGISTRAR'S SIGNATURE <i>Marie Kanantz</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

SEP 6 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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lama 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.