SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-043275
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 211

AMENDED

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b: II years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 757 East Eastwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer — Middle: D. — Last: Clark

4. DATE OF DEATH: Month: November — Day: I4th — Year: I96I

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-I0-I873
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): Contractor & carpenter
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): High Point Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Clark
13b. MOTHER'S MAIDEN NAME: Martha Simmons
14. NAME OF HUSBAND OR WIFE: Lillie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: 503 East Mrs Stephen Briggs, Marshall, Mo. — Address: College St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fx of Right Femur
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 Oct 1961, to Nov 14, 1961 and last saw him alive on 14 Nov. 1961
Death occurred at 3-07 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W Hobson md
22b. ADDRESS: Marshall, Mo
22c. DATE SIGNED: 11-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: II-I4-I96I
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Mo.

24. FUNERAL DIRECTOR — ADDRESS: Campbell-Lewis, Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 11-14-61
26. REGISTRAR'S SIGNATURE: Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

NOV 28 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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.