

FILED JAN 26 1962

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=61-047762

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

V. S. 300
Rev. 1-57

790

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jennett</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jennett</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Jennett</u>		c. CITY OR TOWN <u>Jennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		d. STREET OR ADDRESS (If outside, give location) <u>616 1/2 N. 1st St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George J. Clark</u>		4. DATE OF DEATH Month Day Year <u>11 19 61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</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>11/7/1900</u>
9. AGE (In years, months, days) <u>60 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Elk Grove, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Gilbert Clark</u>	14. MOTHER'S MAIDEN NAME <u>Lettie</u>
15. NAME OF HUSBAND OR WIFE <u>Maggie Clark</u>		16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	17. SOCIAL SECURITY NO. <u>none</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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) <u>4200 =</u>	
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 Month, Day, Year p.m.	
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1-2-60</u> to <u>11-19-61</u> and last saw him alive on <u>11-19-61</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hyman J. Steele, M.D.</u>		22b. ADDRESS <u>Steele, Mo</u>	
22c. DATE SIGNED <u>11-20-61</u>		23. NAME OF CEMETERY OR CREMATORY <u>Green Hope Cem. Jennett, Mo</u>	
23a. FUNERAL DIRECTOR <u>Walter Home Blythe, Jr.</u>		23b. DATE RECD. BY LOCAL REG. <u>1-26-62</u>	
23c. LOCATION (City, town, or county) (State) <u>Jennett, Mo</u>		23d. REGISTRAR'S SIGNATURE <u>Harold W. M. D.</u>	

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 *[Signature]*, Student Embalmer No. working under my personal supervision.

Student *None*
Signature of Student Embalmer

Signed *[Signature]*
Licensed Embalmer No. *623*

P. O. Address *Blufftonville*

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.