

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001565

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 458 STATE FILE NUMBER 7

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>52 Yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>601 W. 60th Terrace</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>601 W. 60th Terrace</u>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>J.</u> Last <u>Clark</u>		4. DATE OF DEATH Month <u>January</u> Day <u>26</u> Year <u>1962</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11-8-1872</u>	9. AGE (last birthday) <u>89 Yrs</u>	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) <u>Treasurer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Power & Light Co., Thornhill Ontario Canada</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Levi J. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Dick</u>	14. NAME OF HUSBAND OR WIFE <u>Ivy Brock Clark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Ivy Brock Clark 601 W. 60th Terrace</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u>		<u>5 mins.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>5 years</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>10 years</u>
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

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 _____ a.m. _____ p.m. Month, Day, Year _____	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 August 1960 to Jan. 26, 1962 and last saw him alive on Jan. 25, 1962
Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert A. Moore M.D.</u>	(Degree or title)	22b. ADDRESS <u>106 W. 14th St. N.C. Mo.</u>	22c. DATE SIGNED <u>1/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>reburial</u>	23b. DATE <u>1-29-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newcomer Sons</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

24. FUNERAL DIRECTOR <u>Stine & McClure Kansas City, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-26-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

29-15
Name: William M. Turner
Address: Lawson City

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Lawson City

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.