MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=62-006153

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 288

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Green	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 2 Weeks	c. CITY OR TOWN Ozark, Mo, — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Johns Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) R,R — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Britt	Middle: M	Last: Clark	4. DATE OF DEATH Month Day Year: Feb 17, 1962
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3/22/87	9. AGE (last birthday): 74 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Barry Co, Mo	12. CITIZEN OF WHAT COUNTRY: U S A	
13a. FATHER'S NAME: Jesse Clark	13b. MOTHER'S MAIDEN NAME: Martha Spain	14. NAME OF HUSBAND OR WIFE: Ora M 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.	17. INFORMANT Address: Mrs Ora M Clark, Ozark, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

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): 1) Emphysema 2) Prostatic Hypertrophy

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 2-23-55, to 2-17-62 and last saw ~~her~~ him alive on 2-17-62

Death occurred at 2/17/8:25 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. P. Noodux M.D.	22b. ADDRESS: Springfield, Mo	22c. DATE SIGNED: 2/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/19/62	23c. NAME OF CEMETERY OR CREMATORY: McCoy Cemetry
23d. LOCATION (City, town, or county) (State): Christian Co, Mo		
24. FUNERAL DIRECTOR ADDRESS: F. B. Chaffin Ozark, Mo	25. DATE RECD. BY LOCAL REG.: 2-23-62	26. REGISTRAR'S SIGNATURE: Effie L. Mellon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED — BY AFFIDAVIT OF DOCUMENT

TYPEWRITER RIBBON

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_____ Signed F. B. Chaffin
Signature of Student Embalmer

Licensed Embalmer No. 2192

P.O. Address Ozark Ind.

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.