

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014972

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 110

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>1 wk</u>	
c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. FULL NAME OF (If NOT in hospital, give location) <u>Klones Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>South Washington</u>	
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>M</u> Last <u>CLARK</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/18/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>71</u>
13a. FATHER'S NAME <u>Emil Ernest Wolte</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Susan White</u>	14. NAME OF HUSBAND OR WIFE <u>Edward 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. <u>494-12-3425</u>	17. INFORMANT <u>Mrs Nora Mc Clain</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>Myocardial Insufficiency</u> DUE TO (b) <u>Inanition + Debilitation</u> DUE TO (c) <u>Adenocarcinoma of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>weeks</u> <u>4 mos.</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"/>	
20c. TIME OF INJURY Hour <u>3-45</u> a.m. <u>a.</u> p.m. <u>a.</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>3-1-58 to 5-1-62</u>	
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.) <u>Clinton, Mo.</u>	
20f. CITY, TOWN, OR LOCATION <u>Clinton, Mo.</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>3-1-58</u> to <u>5-1-62</u> and last saw her/him alive on <u>5-1-62</u>		Death occurred at <u>3:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Clinton L. Guppy DO</u>		22b. ADDRESS <u>Clinton, Mo.</u>	
22c. DATE SIGNED <u>5-3-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 5 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		23d. LOCATION (City, town, or county) (State) <u>Warsaw Missouri</u>	
24. FUNERAL DIRECTOR <u>F.L. Schabers</u>		25. DATE RECD. BY LOCAL REG. <u>May 4, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DR.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

Slacker
Call when
ready.

JUN 14 1962

Permittee License 3-4-62 M.R. S.P.

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 F. L. Schaberg
Licensed Embalmer No. 4513
P. O. Address Clinton Gro.

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.