

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019811

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 217

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in this city or town 62 Years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mile West of Sedalia Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3 Mile West of Sedalia -Route 3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
CLAUDE CLARK June 3, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-20-1886 9. AGE (last birthday) 75
 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) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Advertising 11. BIRTHPLACE (City and state or country) Tipton, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Samuel Valentine Clark 13b. MOTHER'S MAIDEN NAME Anna Marsh 14. NAME OF HUSBAND OR WIFE Margaret Bonker Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. Sadie Romig - Route 3, Sedalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio Sclerosis Heart Disease Chronic INTERVAL BETWEEN ONSET AND DEATH Chronic
 DUE TO (b) Generalized Arterio Sclerosis Chronic
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Staphylococcal Arthritis 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 April 1-1962 and last saw him alive on April 10-1962
 Death occurred at 3:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Deane Keweney M.D. 22b. ADDRESS 500 N 16 Sedalia Mo 22c. DATE SIGNED 6/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 4, 1962 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS D. W. Heckart Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. June 4, 1962 26. REGISTRAR'S SIGNATURE Nancy Anderson Deputy

(Licensed Embalmer's Statement on Reverse Side)

VS 300
 Rev. 4/59...
10800
28800
 3
 4 0
 5 2
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 7 0
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94200
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 12 90-0
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR 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 _____
Signature of Student Embalmer

Signed *W. Beckert*

Licensed Embalmer No. *3470*

P. O. Address *Idalia, 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.