

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031878

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 39

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10721
20721

3

4 3

5 1

6

7 1

8 2

9331X

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW MADRID</u>		Length of stay in lb	c. CITY OR TOWN <u>NEW MADRID</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>851 BRUSH PRAIRIE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle Last <u>CLARK</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>22</u> Year <u>1962</u>		
---	--	--	---	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</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>1919</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-------------------------	------------------------------------	---	---------------------------------	-------------------------------------	---	----------------

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>---</u>	11. BIRTHPLACE (City and state or country) <u>Tenn</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>PRESS TOWSEND</u>	13b. MOTHER'S MAIDEN NAME <u>UNK.</u>	14. NAME OF HUSBAND OR WIFE <u>JACK 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>No.</u>	17. INFORMANT <u>JACK CLARK, NEW MADRID, Mo.</u>
---	---------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>2nd Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Lf Hemiplegia - Aug 19-62</u> <u>Hypertension - Arterio Sclerosis</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 Month, Day, Year a.m. 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>May 15-1943</u> to <u>Aug 22-62</u> and last saw her ^{her} alive on <u>Aug 20-1962</u> . Death occurred at <u>9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>O.B. Chandler MD</u> (Degree or title)	22b. ADDRESS <u>New Madrid Mo</u>	22c. DATE SIGNED <u>8/24/62</u>
---	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/26/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SAND HILL</u>	23d. LOCATION (City, town, or county) (State) <u>NEW MADRID, Mo.</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Richards Funeral Service</u>	ADDRESS <u>NEW MADRID, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/24/62</u>	26. REGISTRAR'S SIGNATURE <u>Jay Redgpath</u>
---	-----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1963

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 *L. B. Hedges*

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.