MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037331
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 209

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston — Length of stay in 1b: 23 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 828 Matthews St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 828 Matthews St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: SARAH Middle: JANE Last: CLARK
4. DATE OF DEATH: Month September Day 16 Year 1962
5. SEX: Female
6. COLOR OR RACE: Caucasian/
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-1-1866
9. AGE (last birthday): 96 — IF UNDER 1 YEAR: Months 1 Days 15 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home-Invalid
11. BIRTHPLACE (City and state or country): Martin County, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Pleasant Luttrull (d)
13b. MOTHER'S MAIDEN NAME: Serepta Susan Delk (d)
14. NAME OF HUSBAND OR WIFE: Christopher C. Clark (d)
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.: None
17. INFORMANT: Mrs. Martha Boardman, Address 828 Matthews St. Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACV Disease Probable Carcinoma of right breast
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 Oct. 10, 1959 to May 12, 1962 and last saw her/him alive on Sept. 13, 1962
Death occurred at 1:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Alden L Sargent MD (Degree or title)
22b. ADDRESS: 808 W. Wakefield
22c. DATE SIGNED: 9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery/
23d. LOCATION (City, town, or county) (State): Sikeston, Missouri

24. FUNERAL DIRECTOR: Nunnelee Funeral Chapel, Sikeston, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Sept 22-1962
26. REGISTRAR'S SIGNATURE: Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1962

Permit issued Sept 16-1962

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Silerstone, 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.