MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037591
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 193

FILED OCT 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0071		
2	0070		
3			
4	0		
5	1		
6			
7	1		
8	0		
9	4201		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bates Co Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RfD # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LEO Middle JOHN Last CLARK

4. DATE OF DEATH: Month Sept. Day 30 Year 1962

5. SEX: Male
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/22/1899
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months 0 Days 8 — 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: general farming
11. BIRTHPLACE (City and state or country): Cozad Nebr.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm Clark
13b. MOTHER'S MAIDEN NAME: Ruth Jessie Morrow
14. NAME OF HUSBAND OR WIFE: Ruth Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ruth Clark Address: Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
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)
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 Sept. 28, 1962 to Sept 30, 1962 and last saw her/him alive on Sept 30 1962
Death occurred at 1:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carter W. Butler (Degree or title) MD
22b. ADDRESS: Butler Missouri
22c. DATE SIGNED: 10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/2/62
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): Butler Missouri

24. FUNERAL DIRECTOR ADDRESS: Culver Underwood-Butler Mo.
25. DATE RECD. BY LOCAL REG.: 10-8-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Buttes Me

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.