

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000536
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 14

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 28 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>13 yrs</u>	c. CITY OR TOWN <u>Eolia</u>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Fulton State Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Fulton State Hospital</u>
3. NAME OF DECEASED (Type or print) First <u>Carter</u> Middle <u>Clark</u> Last <u>Clark</u>		4. DATE OF DEATH Month <u>January</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Male</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>11/15/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>58</u>
13a. FATHER'S NAME <u>Edward Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Muriel Clark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease, hypertension</u> DUE TO (c) <u>Branchitis, Chronic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT Address <u>Hospital Records Fulton, Mo</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT? <input type="checkbox"/> SUICIDE? <input type="checkbox"/> HOMICIDE? <input type="checkbox"/>	
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <u>Fulton State Hospital</u>		COUNTY <u>Pike</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>June 3, 1949</u> to <u>Jan 19, 1963</u> and last saw her/him alive on <u>Jan 19, 1963</u> Death occurred at <u>1 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Elmer C. Jackson</u> (Degree or title) <u>Elmer C. Jackson M.D.</u>		22b. ADDRESS <u>Fulton State Hospital</u>	
22c. DATE SIGNED <u>1/19/63</u>		23. LOCATION (City, town, or county) <u>Eolia, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 22, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Eolia, Mo.</u>	
24. FUNERAL DIRECTOR <u>J.O. Mudd</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 21 - 1963</u>	
ADDRESS <u>Bowling Green, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	

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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 James C. W. W. W.
Licensed Embalmer No. 4152

P. O. Address Brentwood, 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.