

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019414

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 4130 Registrar's No. 134

FILED JUN 12 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Claycomo</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>222 N. Riley</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Clay</u> c. CITY OR TOWN <u>Claycomo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>222 N. Riley</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>JOEL</u> Last <u>CLARK</u>		4. DATE OF DEATH Month <u>6</u> Day <u>-7-</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>1-23-15</u>
9. AGE (last birthday) <u>48</u> 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) <u>OWNER CLAYCOMO MOVING & STORAGE CO.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Rich Hill, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY T. CLARK</u>	
13b. MOTHER'S MAIDEN NAME <u>MAUD M. TANNER</u>		13c. NAME OF HUSBAND OR WIFE <u>Virginia Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>82-VIRGINIA CLARK - CLAYCOMO, MO.</u>	
17. INFORMANT Address <u>222 NO. RILEY</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma Genital</u> DUE TO (b) <u>Carcinoma of the spine</u> DUE TO (c) <u>Carcinoma of the prostate</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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____	
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>6-7-62</u> to <u>6-7-63</u> and last saw ^{her} him alive on <u>6-9-62</u> Death occurred at <u>6-7-62</u> <u>7:32 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>54 E 69 Hwy.</u>	
22c. DATE SIGNED <u>6-7-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>6-10-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>LIBERTY, MO.</u>		24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer Sons N.K.C., Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>6-8-63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 16000
 26000
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 177 X
 10
 11
 12 90-2
 13 2-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

961. 6 T NUR

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

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address

No. Kan. City, 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.