MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025464

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 89

FILED JUN 25 1963

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: RAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RICHMOND TWP.
Length of stay in 1b: 18 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RAY CO. MEMORIAL HOSPITAL
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: RAY
c. CITY OR TOWN: CROOKED RIVER TWP.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 mi. N.E. OF HARDIN
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First BERT Middle MONROE Last CLARK
4. DATE OF DEATH: Month JUNE Day 16 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: MAR. 4 1884
9. AGE (last birthday): 79
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (City and state or country): CARROLL COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: WILEY E. CLARK
13b. MOTHER'S MAIDEN NAME: KATE CRAIG
14. NAME OF HUSBAND OR WIFE: PEARL CLARK (DECSD)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT: CORA RYAN Address: MISSOURI CITY, 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): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 19 days
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): 2d degree burns of hands + thighs
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 1958 to death and last saw him alive on 6-16-63
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. G. Cooper (Degree or title) MD
22b. ADDRESS: Richmond Mo.
22c. DATE SIGNED: 6-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-18-1963
23c. NAME OF CEMETERY OR CREMATORY: CLARK CEMETERY
23d. LOCATION (City, town, or county) (State): RAY COUNTY, MO.
24. FUNERAL DIRECTOR: BARCHERDING FUN. HOME ADDRESS: HARDIN, MO.
25. DATE RECD. BY LOCAL REG.: 6-19-1963
26. REGISTRAR'S SIGNATURE: Mala Jackson

(Licensed Embalmer's Statement on Reverse Side)

June 19, 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 August Borcherding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.