MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028050

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 213

FILED AUG 12 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.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Leesville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton Mo Route #2
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Leesville Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Clinton Mo Route #2
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle A. Last CLARK

4. DATE OF DEATH: Month August Day 7 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: May 9-1866

9. AGE (last birthday): 96
IF UNDER 1 YEAR: Months 3 Days 28
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: Retired

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: John M. CLARK

13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Queet

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servi): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Andra Wilson Address: Clinton Mo Route #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	medulary paralysis	30 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	cardiac congestion	30 min
DUE TO (c)	coronary infarction.	30 min

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 8-28-62, to 8-7-63 and last saw her/him alive on 3-3-63
Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A J Powell (Degree or title) DO

22b. ADDRESS: Clinton Mo

22c. DATE SIGNED: 8/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-10-63

23c. NAME OF CEMETERY OR CREMATORY: Smith Bend

23d. LOCATION (City, town, or county) (State): St. Clair County Missouri

24. FUNERAL DIRECTOR: E.L. Schaberg ADDRESS: 214 S. 2nd St Clinton

25. DATE RECD. BY LOCAL REG.: Aug. 10 - 1963

26. REGISTRAR'S SIGNATURE: Mildred Biggins

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 8-10-63

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 F. P. Schabing

Licensed Embalmer No. 4513

P. O. Address Clinton 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.