

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028050

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 213

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 12 1963

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

Middle

Last

James

A.

CLARK

4. DATE OF DEATH

Month

Day

Year

August 7

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 IF UNDER 24 HR

Months Days Hours Min

3 28 - -

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 Queer

14. NAME OF HUSBAND OR WIFE

Deceased

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

No

No

None

17. INFORMANT

Audra Wilson Clinton Mo Route 2

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

IMMEDIATE CAUSE (a)

Medullary paralysis

INTERVAL BETWEEN
ONSET AND DEATH

30 min

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 ☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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 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

(Degree or title)

A J Powell 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 Burd

23d. LOCATION (City, town, or county)

St. Clair County Missouri

(State)

24. FUNERAL DIRECTOR

F. L. Schaberg

ADDRESS

-2148 7th St Clinton Aug. 10-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

DATE AMENDED

0420

0420

3

4 0

5 2

6

7 0

8 0

9420.1

10

11

12 90-2

13 10

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. J. Schaberg

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.

Permit Obtained

8-10-63

MB