

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045058

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1728

FILED DEC 4 1963

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| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">St Charles</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt;">St Charles Mo</p> | | c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Rhineland, Mo</p> | |
| Length of stay in 1b <p style="text-align: center; font-size: 18pt;">6 Days</p> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">Charlevoix Nursing Home</p> | | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 18pt;">Steward Henry Clark</p> | | | 4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt;">Nov 30 1963</p> | | |
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| 5. SEX M | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-23-1903 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Big Springs, Mo | 12. CITIZEN OF WHAT COUNTRY U.S. |
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| 13a. FATHER'S NAME Everett Clark | 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Portwood | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rudolph Clark New Florence, Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emphysema + Fibrosis | | INTERVAL BETWEEN ONSET AND DEATH 5 YRS. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease | | 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 | |
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| 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"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
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| 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 2/15/63 to 11/30/63 and last saw him alive on 11/30/63
 Death occurred at 2:20P on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Paul H. Lottner M.D. | 22b. ADDRESS St. Charles, Mo | 22c. DATE SIGNED 12/2/63 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial | 12-3-1963 | Bryant Cemetery | Mincola Mo |

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| 24. FUNERAL DIRECTOR D B Baker New Florence, Mo | 25. DATE RECD. BY LOCAL REG. Dec 2-1963 | 26. REGISTRAR'S SIGNATURE Palmyra Stewart <i>771abel Zurnwalt Dep</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| | |
|----|-------|
| 1 | |
| 2 | 0928 |
| 3 | 0700 |
| 4 | 0 |
| 5 | 0 |
| 6 | |
| 7 | 0 |
| 8 | 0 |
| 9 | 52.71 |
| 10 | |
| 11 | |
| 12 | 86-0 |
| 13 | 50 |

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 6 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 D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.

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