MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015965

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2057

FILED APR 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	0191 X
3	
4	0
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7	1
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11	
12	60-2
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 3 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LAKESIDE HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CASS
c. CITY OR TOWN: BELTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 604 EAST 4TH STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EARL Middle E Last CLARK

4. DATE OF DEATH: Month APRIL Day 1st Year 1963

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-19-1894

9. AGE (last birthday): 68 — 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): RAILROAD MAN

10b. KIND OF BUSINESS OR INDUSTRY: SANTA FE RAILROAD

11. BIRTHPLACE (City and state or country): TOPEKA, KANSAS

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

13a. FATHER'S NAME: CHARLES A. CLARK

13b. MOTHER'S MAIDEN NAME: ALLIE B. GRAY

14. NAME OF HUSBAND ~~OR WIFE~~: JENNY B. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of servic: WORLD WAR II

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. SADIE E. CROSLEY — Address: 706 PARK CIRCLE, BELTON, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	post-operative complications	1 week.
DUE TO (c)	adeno-carcinoma grade III of Rectum.	

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 3/8/63 to and last saw her/him alive on 4/1/63

Death occurred at 700 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Gerard Zauder (Degree or title) Do

22b. ADDRESS: 1001 E. 47th St

22c. DATE SIGNED: 4/2/63

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

23b. DATE: APRIL 4, 1963

23c. NAME OF CEMETERY ~~OR CREMATORY~~: MOUNT MORIAH CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS City MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: 1331 BRUSH CREEK BLVD. O.W. NEWCOMER'S SONS, KANSAS City MO

25. DATE RECD. BY LOCAL REG.: 4-4-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Arnold Zauder D.O.
E-477 ST
F0085 10:30 4 PM
8-4

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_____ Signed Norman W. Gowan
Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.