

**STANDARD CERTIFICATE OF DEATH**

State File No. **8393**  
 Registrar's No. **334**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Windsor</u> c. LENGTH OF STAY (in this place) <u>4 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Calhoun, Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Deer Creek 0420</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Clark</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3 22 1954</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>3-4-1874</u>		<b>9. AGE</b> (In years last birthday) <u>80</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Windsor Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>J W Clark</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lennie Mayfield</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lula Clark</u>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <input checked="" type="checkbox"/>		<b>16. SOCIAL SECURITY NO.</b> <u>                    </u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W. M. Clark</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2-21-54</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Thrombosis</u>		
			<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>                    </u>		
			<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from 2-27, 1954, to 3-22, 1954, that I last saw the deceased alive on 3-22, 1954, and that death occurred at 11 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Windsor 2 RD</u>		<b>23b. ADDRESS</b> <u>Windsor Mo</u>		<b>23c. DATE SIGNED</b> <u>3-24-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar 24 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Laird Oak</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Windsor Mo</u>		
<b>DATE REC'D BY LOCAL REG</b> <u>Mar 22-1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Florence Adair</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. A. Housey</u>		
			<b>ADDRESS</b> <u>Calhoun Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
120  
0

SEP 2 1958

JUN 30 1958

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 .....  
Licensed Embalmer No. 3505

P. O. Address Calhoun

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.