

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7935**

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 32			
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 30yrs		c. CITY OR TOWN Clinton		d. STREET ADDRESS (If rural, give location) 701 N. Fifth Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 N. Fifth Street				d. STREET ADDRESS (If rural, give location) 701 N. Fifth Street					
3. NAME OF DECEASED (Type or Print) Troy Leland Clark			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH March 31 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 2 1907	
9. AGE (in years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and State or Foreign Country) Wagner Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Clark			13b. MOTHER'S MAIDEN NAME Bessie Fitzgerald			14. NAME OF HUSBAND OR WIFE Grace Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Grace Clark		ADDRESS Clinton, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CIRCULATORY FAILURE				INTERVAL BETWEEN ONSET AND DEATH. 1 HR	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) CORONARY THROMBOSIS				DUE TO (c) ARTERIOSCLEROSIS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								A FEW HRS. App. 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from March 31, 1955 , to March 31, 1955 , that I last saw the deceased alive on March 31, 1955 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Robert E. Haebaugh (Degree or title) D. O.				23b. ADDRESS 105 E. Ohio, Clinton, Mo			23c. DATE SIGNED April 2, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6 1955		24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton, Missouri			
DATE REC'D BY LOCAL REG. April 6-25		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conzalus		ADDRESS Clinton, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 1961

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
Student Embalmer

Signed Ernest R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, Missouri

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 this body is not embalmed, fact should be so stated above.