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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1956

State File No. **15930**

BIRTH NO.		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4171		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Clarksdale		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 0220					
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) May		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) 5 - 2 56			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May, 16, 1870			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 2 WKS. Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and State or Foreign Country) Mo,			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Thomas Stocton		13b. MOTHER'S MAIDEN NAME Emely Buchanen		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. XXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME Gerald Clark		ADDRESS Clarksdale			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial insufficiency ANTECEDENT CAUSES Semility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 4-2 , 19 52 , to 5-2 , 19 56 , that I last saw the deceased alive on 5-2 , 19 56 , and that death occurred at 10 P. m., from the causes and on the date stated above.									
23a. SIGNATURE E. J. Quincy				23b. ADDRESS Doer Stewartsville, Mo		23c. DATE SIGNED 5/22/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-4-56		24c. NAME OF CEMETERY OR CREMATORY Clarksdale		24d. LOCATION (City, town, or county) (State) Clarksdale Mo			
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE R. M. Davidson		25. FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Maysville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1962

1952

NS SEP 12 1960

STATEMENT BY LICENSED EMBALMER

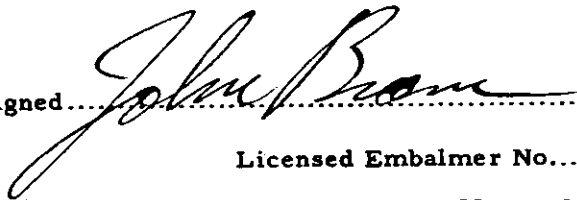
I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No...3933

P. O. Address...Maysville..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.