

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1957

35568

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 628

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CALHOUN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WETZEL OSTEOPATHIC			Length of stay in 1b 1HR 20min		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Georgie Clark				4. DATE OF DEATH Month 11 Day 3 Year 1957							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1891		9. AGE (In years last birthday) 66			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ROSELAND, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME John Bradley				14. MOTHER'S MAIDEN NAME Cassie Bradley							
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.		17. INFORMANT Leland Clark Calhoun Mo Address						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SURGICAL SHOCK								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) STRANGULATION UMBILICAL HERNIA						DUE TO (c)		5 DAYS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? C 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.) 5612									
20c. TIME OF INJURY: Hour 3:50 Month 11 Day 3 Year 57 a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2:30 11-3-57 to 3:50 11-3-57 and last saw her alive on 11-3-57 Death occurred at 3:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Miss Superintendent				22b. ADDRESS Calhoun Mo				22c. DATE SIGNED 11-4-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-5-1957		23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery		23d. LOCATION (City, town, or county) Calhoun Mo		(State)			
24. FUNERAL DIRECTOR Housey Funeral Home				ADDRESS Calhoun Mo		25. DATE RECD. BY LOCAL REG. 11-5-57		26. REGISTRAR'S SIGNATURE Mildred Bigum			

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... *Robert L. Danning* ...
Licensed Embalmer No. *97*

P. O. Address *Clinton*

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.