

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039797

FILED VS DEC 14 1959

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. Registrar's No. 304

ENDED

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 Fields Creek Twp		Length of stay in 1b 40 yrs	c. CITY OR TOWN Clinton, Mo RR # 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi N & E of Clinton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route 6
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Nellie May Cla Clark			4. DATE OF DEATH Month Day Year Dec 7 1959			
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 11-12-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton, Mo		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Henry E Auer	13b. MOTHER'S MAIDEN NAME Elizabeth Sauerwein	14. NAME OF HUSBAND OR WIFE Elmer D Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-30-0187	17. INFORMANT David Clark 2822 W.72 St Terr Mo
		Address Kansas City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 2 mo. DUE TO (b) Chronic Myocarditis 1 yr DUE TO (c) Arteriosclerotic Cardiovascular Disease 1 yr.		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Clinton	COUNTY Mo	STATE
21. I attended the deceased from Oct 1959 to Dec 7, 1959 and last saw her alive on Dec 2, 1959 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. M. Dunning M. D.	(Degree or title)	22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 12-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery	23d. LOCATION (City, town, or county) Clinton, Mo

24. FUNERAL DIRECTOR Sickman & Dunning FH	ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. Dec 10, 1959	26. REGISTRAR'S SIGNATURE Mildred Bigum
--	------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1959

**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 R. L. Dunning  
Licensed Embalmer No. 4210  
P. O. Address Clinton 2

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.