

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0019395

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>UNF LEED07 H055</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                      |  |
| b. CITY OR TOWN <b>Clinton</b> Length of stay in lb  |   | c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hosp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location) <b>301 N. Main St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Beatrice</b> Last <b>Clark</b>  |   | 4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1965</b>   |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>6/2/1884</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <b>81</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 24 HR Hours <b>0</b> Min.  |
| 11. BIRTHPLACE (City and state or country) <b>Ft. Scott, Kansas</b>  |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>Howard A. Clark</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Stoetha Ann Wallace</b>   |  |
| 14. NAME OF HUSBAND OR WIFE  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>                                       |  |
| 16. SOCIAL SECURITY NO. <b>490 44 6946</b>   |   | 17. INFORMANT <b>Elizabeth H. Avery, Clinton, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>cerebral hemorrhage</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>  |
| 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.<br><input type="checkbox"/> Yes <input 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 _____ a.m. _____ p.m. Month, Day, Year _____  |   |  |  |
| 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 <b>1958</b> to <b>6-2-65</b> and last saw her alive on <b>6-2-65</b><br>Death occurred at <b>7:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>   |   | 22b. ADDRESS <b>Clinton, Mo</b>  | 22c. DATE SIGNED <b>6-3-65</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>June 4, 1965</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>Clinton, Mo. Calhoun Mo</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>Vansant Funeral Home, Clinton, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>June 4 1965</b>  | 26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

JUN 23 1965

NOV 4 1966

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 W. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.