

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023677

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 123

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
2 0430
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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

<p style="font-size: 18pt; font-weight: bold; color: red;">FILED JUN 20 1966</p> <p>1. PLACE OF DEATH a. COUNTY Henry</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry</p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor</p> <p>Length of stay in 1b 3 m.</p>		<p>c. CITY OR TOWN Windsor, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Convalescent</p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) Windsor Twn. RR.#1</p> <p>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last MARTHA SUE CLARKE</p>			<p>4. DATE OF DEATH Month Day Year June 5, 1966</p>	
<p>5. SEX female</p>	<p>6. COLOR OR RACE white</p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10/29/171 9. AGE (last birthday) 94</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rt. school teacher</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY education field</p>	<p>11. BIRTHPLACE (City and state or country) Windsor, Mo.</p>	<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>
<p>13a. FATHER'S NAME Alexander Clifton Clarke</p>		<p>13b. MOTHER'S MAIDEN NAME Mary F. Williamson</p>	<p>14. NAME OF HUSBAND OR WIFE never married</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO. -</p>	<p>17. INFORMANT Address Florence Richardson, Wayne, Ill.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Circulatory Collapse</p> <p style="text-align: center;">DUE TO (b) Senility</p> <p style="text-align: center;">DUE TO (c)</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH instant</p> <p>15 years</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Frostbite to hands and feet six months ago</p>			<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>7:15 a.</u> <u>2-3-66</u> to <u>6-5-66</u> and last saw her xxx alive on <u>6-5-66</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
<p>22a. SIGNATURE (Deceased or title) <i>William J. Smith</i></p>		<p>22b. ADDRESS M.D. 103 W. Colt St. Windsor, Mo.</p>		<p>22c. DATE SIGNED 6/7/66</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) burial</p>	<p>23b. DATE 6/7/66</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery</p>	<p>23d. LOCATION (City, town, or county) (State) Windsor, Mo.</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Huston Funeral Home, Windsor, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. June 18, 1966</p>	<p>26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON*

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

Albert M. Hunt

Licensed Embalmer No. 3391

P. O. Address Windsor 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.