REC'D MAR 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 8414

1. PLACE OF DEATH
(a) County Vernon
(b) Township Washington
(c) City Nevada
Registration District No. 878
Primary Registration District No. 6162
Registered No. 48
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Clark 463
(a) Residence, No. State Hospital #3 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Stella Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1877

7. AGE: YEARS 60 | MONTHS 4 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

FATHER
13. NAME Ben Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

MOTHER
15. MAIDEN NAME Rebecca Clinton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

17. INFORMANT (ADDRESS) Records, State Hosp #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cassville Mo DATE 2/18 1938

19. FUNERAL DIRECTOR (ADDRESS) W. D. Kom Cassville Mo.

20. FILED 2/18 1938 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to Feb. 18, 1938
I last saw him alive on Feb. 18, 1938. Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset ?

94 P.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Reese H. Foster M. D.
(Address) State Hosp #3

795

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)