No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11494

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 105

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4½ hrs. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Montgomery 70
(c) City or town: Montgomery City, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cornelius Lockett Clark.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mollie Clark
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: November (Month) (Day) 1869 (Year)

8. AGE: Years 78 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Bedford County Virginia (City, town, or county) (State or foreign country)
10. Usual occupation: Insurance Agent.
11. Industry or business
FATHER
12. Name: Isham Clark.
13. Birthplace: Bedford Co. Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mollie Clemens.
15. Birthplace: Montgomery County Mo (City, town, or county) (State or foreign country)
16. (a) Informant: C. J. Clark.
(b) Address: 110 S. 6th - Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 11 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Montgomery City, Mo.
18. (a) Signature of funeral director: [illegible]
(b) Address: Montgomery City Mo
19. (a) 4-8-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8 April, 1948 to April 8, 1948 that I last saw him alive on April 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: Acute cardiac Decompensation	1 day
Due to: hypertensive heart disease	20 years
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93B
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Charles A. Leeb Jr (M. D. or other) MD
Address: Columbia Mo Date signed: 4-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 19 1948
Date Filed MAR 24 1949

DEC 9 1983

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~~ on the 8th day april 1948 Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1457

P. O. Address Mountainair City

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 this body is not embalmed, fact should be so stated above.