

FILED JAN 12 1949

Registration District No. 89

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39710

State File No.

Primary Registration District No. 5317

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural Kelley Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Four miles North East Tipton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: --
(Specify whether)

In this community: Entire Life
years, months or days

3. (a) PRINT FULL NAME William Clark

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Clark

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: July 17th 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>4</u>	<u>29</u>	hr. min.

9. Birthplace: Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

12. Name Michael Clark

13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Frances E. Robertson

15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Lillie Clark (wife)

(b) Address: Tipton, Missouri

17. (a) Burial (b) Date thereof: 12/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Tipton, Mo.

18. (a) Signature of funeral director: Jayess E. Ribick

(b) Address: Tipton, Mo.

19. (a) 12-18-48 (b) Lillie Thudlett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Tipton
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1948 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 15-16 1948, to Dec. 16 1948
that I last saw him alive on Dec. 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to 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: J. F. Potts (M. D. or other) M.D.
Address: Tipton, Mo. Date signed: 12/16/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed Jan 14 - 49

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton, 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 this body is not embalmed, fact should be so stated above.