No. 300
10-48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2255

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 41

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

8 8

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Smiley Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Union
d. STREET ADDRESS (If rural, give location) R.F.D. #1 Madison

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BENNETT c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) Feb-11-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov-27-1877
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 2 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Centralia MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elias Clark
13b. MOTHER'S MAIDEN NAME Mary E. Crosswhite
14. NAME OF HUSBAND OR WIFE Grace M. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna R. Hill 3308 Morley ADDRESS Moberly Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-2-47, 19___, *to* 2-11-49, 19___, *that I last saw the deceased alive on* 2-10-49, 19___, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. T. Whitaker (Degree or title) D.O.L.
23b. ADDRESS Moberly, Mo
23c. DATE SIGNED 2-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb-13-49
24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery
24d. LOCATION (City, town, or county) (State) Centralia Mo

DATE REC'D BY LOCAL REG. 2-12-49
REGISTRAR'S SIGNATURE Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-49-2
Date Filed FEB 14 1949

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 .....
Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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