

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9506

BIRTH NO. _____ REG. DIST. NO. 2781 PRIMARY REG. DIST. NO. 3054 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lumina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>	
c. LENGTH OF STAY (In this case) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Hughes</u> c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 25 1877</u>	9. AGE (In years last birthday) <u>71</u> Months <u>3</u> Days <u>14</u> Hours <u>14</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life if retired) <u>Cheesemonger</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pike Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wright Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hemington</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Clarke Bowling Green</u> ADDRESS <u>—</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 wk.</u> <u>yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertensive Cardiovascular disease</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4431</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-21-49, 1949, to 3-9-49, 1949, that I last saw the deceased alive on 3-9-49, 1949, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas H Lemellen M.D.</u> (Degree or title)	23b. ADDRESS <u>Lumina Mo.</u>	23c. DATE SIGNED <u>3-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 11 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>McK 29 1949 Bonnie Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Bonifield Bowling Green, Mo</u> ADDRESS <u>—</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 44-630

Date Filed APR 8 - 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.

Signed Harold C. Kline

Signed _____
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Douglas Green, Inc.

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.