

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Niangua</u>	c. LENGTH OF STAY (in this place) <u>1</u> township)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schlicht Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Washington township</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Oscar</u>	b. (Middle) _____	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March-30-'49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 20-1905</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days <u>x</u> <u>x</u>	IF UNDER 24 HRS. Hours Min. <u>x</u> <u>x</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry V. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Downing</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>x</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Clark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INSUFFICIENCY, ACUTE</u>		10 YRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ULCER, GASTRIC, CHRONIC, T</u> DUE TO (c) <u>PROBABLE CARCINOMA, GASTRIC.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		15 YRS.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 JUNE, 1947, to MARCH 30, 1949, that I last saw the deceased alive on MARCH 30, 1949, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Bennett, M.D.</u> (Degree or title)	23b. ADDRESS <u>Niangua Mo.</u>	23c. DATE SIGNED <u>5/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>	24d. LOCATION (City, town, or county) (State) <u>(Dallas) County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>5/25/49</u>	REGISTRAR'S SIGNATURE <u>J. Francis 392</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Rayney</u>	ADDRESS <u>Marshfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 6,

District File Number 649.630

Date Filed 6-1-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *Ray Rainey*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.