

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29426

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <u>Butter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butter</u>	
b. CITY OR TOWN <u>Rural - Poplar Bluff Twp</u>		c. CITY OR TOWN <u>Rural - Poplar Bluff, Twp.</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi South on 53</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S. on Hiway 53</u>			
3. NAME OF DECEASED a. (First) <u>Clarence</u> b. (Middle) <u>Charles</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28, 1892</u>
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR (Days) <u>1</u>	11. UNDER 1 HRS. (Hours) <u>9</u>
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>—</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton Co., Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Clark</u>	
13b. MOTHER'S MAIDEN NAME <u>Charlotte Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie W. Clark</u>	
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>Jessie W. Clark - Poplar Bluff, Mo</u>
17. ADDRESS <u>—</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac failure</u> DUE TO (c) <u>Adenocarcinoma @</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis of liver</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Ca liver (primary lesion)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1-49</u> , 19 <u>49</u> , to <u>9-7-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-5-49</u> , 19 <u>49</u> , and that death occurred at <u>8:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Samuel Wm. Johnson</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>9-17-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ADIA</u>	
24b. DATE <u>9-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Butter Co., Mo</u>		DATE REC'D BY LOCAL REG. <u>Sept 19-1949</u>	
REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		428	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Botrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

SEP 26 RECD

949-297
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 _____

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.