

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3383

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **207**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Canton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp		e. STREET ADDRESS (If rural, give location) 509 Madison Street	

3. NAME OF DECEASED (Type or Print) a. (First) RALPH	b. (Middle) B.	c. (Last) CLARKSON	4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-31-12	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sebatha, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Clarkson	13b. MOTHER'S MAIDEN NAME Martha Cason	14. NAME OF HUSBAND OR WIFE None
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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) Yes World War - II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic		
	DUE TO (c) Subacute Bacterial Endocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4300	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 430.0	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) XX VA	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 **Dec 9, 1949**, to **Jan 23, 1950**, and that death occurred at **5:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Rand S. Stecher M.D. (Degree or title)	23b. ADDRESS Vet. Adm. Hosp., Jeff. Brks., Mo.	23c. DATE SIGNED 1/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-24-50	24c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery	24d. LOCATION (City, town, or county) (State) Canton, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 24 1950	REGISTRAR'S SIGNATURE Herbert R. Donke	FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1950

ST. LOUIS 67

OCT 7 1950

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 Me

Student/Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.