

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23155**
Registrar's No. **39**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4170**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star, Missouri	
c. LENGTH OF STAY (In this place) 3 Yr		d. STREET ADDRESS (If rural, give location) 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Monroe c. (Last) Clinkenbeard			4. DATE OF DEATH (Month) (Day) (Year) July 9 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M I	8. DATE OF BIRTH Mar 18, 1875	9. AGE (In years last birthday) 75	# UNDER 1 YEAR 3 MONTHS # UNDER 12 HOURS 21 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Harrison Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sebert Clinkenbeard	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Delia Clinkenbeard
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Delia Clinkenbeard ADDRESS Union Star, Mo.
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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 334X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
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	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)
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?

22. I hereby certify that I attended the deceased from **June 18, 1950**, to **July 9, 1950**, that I last saw the deceased alive on **July 4, 1950**, and that death occurred at **7 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Barnes (Degree or title) MD	23b. ADDRESS King City, Mo.	23c. DATE SIGNED 7-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) 4	24b. DATE July 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Goshen	24d. LOCATION (City, town, or county) (State) Goshen, Mo.
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DATE REC'D BY LOCAL REG. 7-20-50	REGISTRAR'S SIGNATURE Reverend Davidson	25. GENERAL DIRECTOR'S SIGNATURE Richard H. Clark ADDRESS Wilson-Clark Funeral Home King City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0370



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 Poland D. Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 4477

P. O. Address King City, 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.