No. 300
10.48

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37904

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5863 Registrar's No. 44

0750

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

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couch
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couch 0750
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANE
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ~~Widowed~~ Mar-17-1862
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oregon Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gilbert Blankenship
13b. MOTHER'S MAIDEN NAME: Elizabeth Collins
14. NAME OF HUSBAND OR WIFE: William Henry Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: D. L. Blankenship — ADDRESS: Couch, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Valvular Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Failure
DUE TO (c): Senility Chronic Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4214

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Nov 23, 1950, *that I last saw the deceased alive on* Nov 23, 1950, *and that death occurred at* 5:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R W Cooper MD
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: 4-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 26, 1950
24c. NAME OF CEMETERY OR CREMATORY: Norman Cemetery
24d. LOCATION (City, town, or county) (State): Oregon Co. Mo.

DATE REC'D BY LOCAL REG.: 12-5-50
REGISTRAR'S SIGNATURE: Ella Crass 416 0
25. FUNERAL DIRECTOR'S SIGNATURE: Leland Carter — ADDRESS: Thayer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]

DEC 8 1950

DISTRICT HEALTH OFFICE No.

No.....

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Leland Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thayer 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.