

FILED JAN 15 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>167</sup> ~~4255~~ PRIMARY REG. DIST. NO. <sup>4255</sup> ~~167~~ Registrar's No. <sup>1</sup> \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kingsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kingsville</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2 yr</b>		d. STREET ADDRESS (If rural, give location) <b>Kingsville, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2 1951</b>	
3. NAME OF DECEASED a. (First) (Type or Print) <b>Arthur</b>		b. (Middle) <b>Lee</b>	
c. (Last) <b>Clark</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
5. SEX <b>male</b>		8. DATE OF BIRTH <b>March 8, 1884</b>	
6. COLOR OR RACE <b>white</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>storkman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Assistant Veterinarian</b>	
11. BIRTHPLACE (State or foreign country) <b>Dadeville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Isaac Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Tuttle</b>	
14. NAME OF HUSBAND OR WIFE <b>Caroline Badger Clark</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no XXXX</b>	
16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Caroline Clark Finnell, Kansas City Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>  <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kingsville Johnson Mo</b>	
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 <b>1-2-51</b> , 19____, to <b>1-2-51</b> , 19____, that I last saw the deceased alive on <b>1-2-51</b> , 19____, and that death occurred at <b>8:15A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D.</b>		23b. ADDRESS <b>Holden Mo</b>	
23c. DATE SIGNED <b>1-4-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>1/6/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheldon Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sheldon, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Canaday &amp; Ropp, Holden, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>1-8-51</b>		REGISTRAR'S SIGNATURE <b>Mrs. G. V. Redford</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 11 1950  
JOHNSON COUNTY HEALTH DEPT.

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

*M. J. Canaday*

Licensed Embalmer No.

*3434*

P. O. Address

*Heldan, 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.