

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13615**

FILED MAY 9 1951

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 Ebberson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly OFF 3	
		d. STREET ADDRESS (If rural, give location) 322 Ebberson	
3. NAME OF DECEASED (Type or Print), a. (First) John b. (Middle) E c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) May 1st 1951
5. SEX U Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 2nd 1882
9. AGE (In years last birthday) 69		10. NUMBER OF MONTHS 1	11. NUMBER OF DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Zerdda Lewis		14. NAME OF HUSBAND OR WIFE Mae	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. 702-05-3926	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. E. Clark		ADDRESS Moberly 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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH May 1/51
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis			
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.			
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Mo			
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? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from March 10, 1951 , to May 1, 1951 , that I last saw the deceased alive on May 1, 1951 , and that death occurred at 12:20A m. , from the causes and on the date stated above.			
23a. SIGNATURE J. E. Clark MD (Degree or title) 0		23b. ADDRESS 400 1/2 West Reed, Moberly, Mo	
23c. DATE SIGNED May 3/51			
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24a. DATE May 4 1951	
24b. NAME OF CEMETERY OR CREMATORY St Mary's		24c. LOCATION (City, town, or county) (State) Moberly Mo	
DATE REC'D BY LOCAL REG. May 4 51		REGISTRAR'S SIGNATURE Leah Williams	
25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son		ADDRESS Moberly Mo	

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

5883
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MAY 9 1951

Date Received: MAY 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-857
Date Filed: MAY 8 1951

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 Frank D. D. Nutt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.