

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13694**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington		c. CITY (If outside corporate limits, write RURAL and give township) Farmington	
c. LENGTH OF STAY (In this place) 17 yrs.		d. STREET ADDRESS (If rural, give location) 311 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 S. Main		d. STREET ADDRESS (If rural, give location) 311 S. Main	
3. NAME OF DECEASED a. (First) Andrew b. (Middle) Thomas c. (Last) Clark			4. DATE OF DEATH (Month) April (Day) 20 (Year) 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 20, 1866
9. AGE (In years last birthday) 84		10. MONTHS 4	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Colesburg, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Clark	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ollie Sebastian	
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 ADDRESS Mrs Ollie Clark, Farmington, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno-Carcinoma Cervicofacial - 2 yrs. DUE TO (c) Primary Carcinoma (ubiquitous) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Jan 20 1950		19b. MAJOR FINDINGS OF OPERATION Adenoma-Carcinoma	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 Jan 20, 1950 , to April 20 1950 , that I last saw the deceased alive on 4-20-51 , and that death occurred at 8:15 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. Geo. S. Watkins Sr. M.D.		23b. ADDRESS Farmington Mo.	
23c. DATE SIGNED 4-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/51	
24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		24d. LOCATION (City, town, or county) (State) Farmington, Missouri	
DATE REC'D BY LOCAL REG. Apr. 22, 1951		REGISTRAR'S SIGNATURE Eather Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.		ADDRESS	

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

0941

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

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.....
Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmingdale

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.