S. No. 300
v. 10.48

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15899

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Peculiar ~~Harrisonville, Mo.~~
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital.

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

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

4. DATE OF DEATH (Month) (Day) (Year): May, 30, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 16 1875
9. AGE (In years last birthday): 76 — If under 1 year: Months 0 Days 14 — If under 24 hrs.: Hours Min.

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

13a. FATHER'S NAME: Woodson Clark.
13b. MOTHER'S MAIDEN NAME: Sarah McMannus.
14. NAME OF HUSBAND OR WIFE: Myrtle Dawson Clark, Dcsd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Gaynell Clark Hunter, K.C. Mo.
ADDRESS

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) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331 X
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* May, 29, 1951, *to* May 30, 1951, *that I last saw the deceased alive on* May 29, 1951, *and that death occurred at* 6:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C W Marsh (Degree or title) D. O.
23b. ADDRESS: Drexel, Missouri.
23c. DATE SIGNED: May, 31, 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/1951
24c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery
24d. LOCATION (City, town, or county) (State): Drexel, Mo.

DATE REC'D BY LOCAL REG.: 6/1/1951
REGISTRAR'S SIGNATURE: Dora Barnardo
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Drexel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0190
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RECEIVED
JUN 9 1951
CASS COUNTY
HEALTH DEPARTMENT

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, ~~only~~ .....

..... Student Embalmer No. .....

~~working under my personal supervision.~~

~~Student~~ .....
~~Student Embalmer~~

Signed .....

Licensed Embalmer No. 1950

P. O. Address Drexel 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.