

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

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hill,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Clark</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4/14/83</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HOURS Days <b>11</b>	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Verge, Pike Co. Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Nelson Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Leah Fast</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <b>34I-12-8060</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Burdett Clark, Pittsfield, Ill.</b>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic</b>		
	DUE TO (c) <b>Hypertensive Cardiovascular Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **9-23, 1951**, to **9-25, 1951**, that I last saw the deceased alive on **9-24, 1951**, and that death occurred at **12:10A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. A. Swellen M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Louisiana Mo.</b>	23c. DATE SIGNED <b>9-25-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/27/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wells Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pike Co. Illinois</b>
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DATE REC'D BY LOCAL REG. <b>Sept 27, 1951</b>	REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	374	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Harman</b>	ADDRESS <b>Pleasant Hill</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

821  
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Date Received: OCT 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-54-1776  
Date Filed: OCT 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*George O. Hagedorn*

Licensed Embalmer No. \_\_\_\_\_

3773

P. O. Address \_\_\_\_\_

*Louisiana Mo*

Signed \_\_\_\_\_  
Student Embalmer

**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.