

FILED SEP 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31123

BIRTH NO. <u>31227-17</u>		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Putnam</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elm 0860</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital & Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>Livonia, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u>		b. (Middle) <u>Lynn</u>		c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6th 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>A</u>		8. DATE OF BIRTH <u>May 15 1951</u>	
9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Hannah Watts</u>	
13c. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Hannah Watts</u>		14. NAME OF HUSBAND OR WIFE <u>#####</u>		14. NAME OF HUSBAND OR WIFE <u>#####</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>##</u>		16. SOCIAL SECURITY NO. <u>##</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Clark</u> ADDRESS <u>Livonia Mo.</u>			
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) <u>meningitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Whooping cough</u> 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 <u>2 wks</u> <u>4 wks</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0560</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?			
22. I hereby certify that I attended the deceased from <u>8-25, 1951</u> , to <u>9-6, 1951</u> , that I last saw the deceased alive on <u>9-5, 1951</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. McDonald Do2</u>				23b. ADDRESS <u>22 Elm 0860 Mo</u>		23c. DATE SIGNED <u>9-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose</u>		24d. LOCATION (City, town, or county) (State) <u>Elm Towns. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-14-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husted Hor Unionville Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1668
Date Filed: SEP 18 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.....

F O Husted

Signed.....
Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Unionville*

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.