

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37985

State File No.

FILED NOV 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>3037</u>		Registrar's No. <u>131</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon 1550</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>933 So. McCanna</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u>			b. (Middle) <u>AUSTIN</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 5, 1906</u>		9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 1 HR. Hours Min. <u>45 2 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		11. BIRTHPLACE (State or foreign country) <u>Golden, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Philip Edward Clark</u>			13b. FATHER'S MAIDEN NAME <u>Stella Pentice</u>			14. NAME OF HUSBAND OR WIFE <u>ERMA CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erma Clark Mt. Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Vascular accident Thrombotic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</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>37 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>9/29, 1948</u> , to <u>11/6, 1951</u> , that I last saw the deceased alive on <u>7/19, 1951</u> , and that death occurred at <u>3:50 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. J. Hoover</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>11/6/51</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>Nov 11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Cassville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Fossett</u>		ADDRESS <u>Mt. Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 7 1951

Dist File 1151-201

16-1451

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. L. Fossett

Licensed Embalmer No. 2201

P. O. Address mt Vernon W

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.