0.300
0.48

330

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

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41142

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5-392 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Watkins
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXX

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

3. NAME OF DECEASED (Type or Print)
a. (First): Columbus
b. (Middle): Thornton
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): 12/6/51

5. SEX: male 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 18 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: Reuben Clark
13b. MOTHER'S MAIDEN NAME: Caroline Gidding
14. NAME OF HUSBAND OR WIFE: XXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Maude Black — **ADDRESS**: Anutt Mo

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) Chronic Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Many Years

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

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:
20. AUTOPSY? YES ☐ NO ☑

443X

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* Dec 29, 1951, *to* Dec 9, 1951, *that I last saw the deceased alive on* Dec 9, 1951, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. H. Hunt MD
23b. ADDRESS: Salem. Mo.
23c. DATE SIGNED: 12/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/51
24c. NAME OF CEMETERY OR CREMATORY: Osebur Cem
24d. LOCATION (City, town, or county) (State): Lenox Mo.

DATE REC'D BY LOCAL REG.: 12-20-51
REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by K
25. FUNERAL DIRECTOR'S SIGNATURE: Carl K. Spencer — **ADDRESS**: Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 28 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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~~ .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm. H. McDana

Licensed Embalmer No. 3806

P. O. Address Salem, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.