

5. No. 309
V. 10. 45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15961

JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bunceton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bunceton	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		d. STREET ADDRESS (If rural, give location) No Street Numbers	

3. NAME OF DECEASED (Type or Print) a. (First) ELBERT b. (Middle) Eugene c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) May, 24th, 1952		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January, 28, 1890	9. AGE (In years last birthday) 62	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) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (State or foreign country) Harlan, County, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Helen Clark
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World War #1 96-03-9038	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Clark (Wife) Bunceton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion		Immed.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) Hypertension - Essential		1 1/2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1 yr.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 593 X
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	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 **Dec. 15, 1949**, to **May 24, 1952**, that I last saw the deceased alive on **May 24, 1952** and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Carruth	23b. ADDRESS Bunceton, Mo.	23c. DATE SIGNED May 24, 1952
---	-----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May, 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Versailles Com.	24d. LOCATION (City, town, or county) (State) Versailles, Mo.
---	--------------------------------	---	--

DATE RECD BY LOCAL REG. May 7-52	REGISTRAR'S SIGNATURE Helen Mullett	DEPUTY REGISTRAR'S SIGNATURE James E. Richardson	ADDRESS 2100
---	--	---	---------------------

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

1270
1

