

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24388-3145

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3041 Floral 3428</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Hosp. Med. Center</u>									
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLAVIUS</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>CLARK Sr</u>			
4. DATE OF DEATH		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>4-19-1886</u>		9. AGE (In years last birthday) <u>66</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. BIRTHPLACE (State or foreign country) <u>Wentworth Mo.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Terminal Ry.</u>		11. BIRTHPLACE (State or foreign country) <u>Wentworth Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John M. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline F. Oliver</u>		14. NAME OF HUSBAND OR WIFE <u>Olga 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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Clark</u>		ADDRESS <u>3041 Floral</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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u>				1 YEAR	
				DUE TO (c) <u>OLD CARCINOMA OF FACE</u>				15 years	
19a. DATE OF OPERATION <u>about 10/11/52</u>				19b. MAJOR FINDINGS OF OPERATION <u>TRACHEOTOMY</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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)		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>Winter 1951</u> to <u>7/10</u> , 1952, that I last saw the deceased alive on <u>7/10</u> , 1952, and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Stanley L. Goldman</u>				23b. ADDRESS <u>2209 Bryant Bldg - Kansas City, Mo</u>		23c. DATE SIGNED <u>7/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West City 8720</u>			
DATE REC'D BY LOCAL REG. <u>7-11-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>					
				ADDRESS <u>Funeral Home</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

7/26/62  
7/26/62  
7/26/62

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address H. P. 2nd

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.