S. No. 30D
v. 10.48

FILED AUG 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25045

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: McDonald 0600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwest City
c. LENGTH OF STAY (In this place): 34yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald 0600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwest City Mo. 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MOLLIE
b. (Middle): JANE
c. (Last): CLARK

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) -52

5. SEX: Female 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: I-6-1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 6, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Madison County Ark. 1
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: A. J. Patrick
13b. MOTHER'S MAIDEN NAME: Angeline Carpenter
14. NAME OF HUSBAND OR WIFE: T. B. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs C. Miller
ADDRESS: Southwest

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death. Senility - Senile Dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) Southwest City (COUNTY) McDonald (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 7-6-, 1952, *to* 7-25, 1952, *that I last saw the deceased alive on* 7-24, 1952 *and that death occurred at* 8:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Warnock, M.D. (Degree or title)
23b. ADDRESS: Southwest City, Mo
23c. DATE SIGNED: 8-2-62

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-28-52
24c. NAME OF CEMETERY OR CREMATORY: Southwest City Mo.
24d. LOCATION (City, town, or county) (State): Southwest City Mo.

DATE REC'D BY LOCAL REG.: 8-3-52
REGISTRAR'S SIGNATURE: Mayme Humphrey 423-
25. FUNERAL DIRECTOR'S SIGNATURE: T. M. Humphrey
ADDRESS: Noel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 B. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel Mo.

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.