

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33916

FILED OCT 1 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 184

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| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY OR TOWN <u>Sikeston</u> | | c. CITY OR TOWN <u>Poplar Bluff</u> | |
| c. LENGTH OF STAY (In this place) <u>3 1/2 hours</u> | | d. STREET ADDRESS (If rural, give location) <u>112 South Riverview</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp.</u> | | | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>William</u> c. (Last) <u>Clark</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>6-25-1873</u> | | 9. AGE (In years last birthday) <u>79</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Birds Point, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Charlie Clark</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Custer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Wilson</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. Clark - Tewarkona, Ark.</u> ADDRESS _____ | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> |
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| 19a. DATE OF OPERATION <u>NONE</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>NONE</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------------------|--|--|--|--|--|

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| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sikeston Scott Mo.</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 4 1952</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |
|---|--|---|--|-------------------------------------|--|

22. I hereby certify that I attended the deceased from 11 AM 9-4-52 to 3 PM 9-5-52, that I last saw the deceased alive on 12:30 PM 9-5-52, and that death occurred at 3 P.M., from the causes and on the date stated above.

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|---|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE <u>Archie B. Smith</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>801 Moore St Sikeston Mo</u> | | 23c. DATE SIGNED <u>5 Sept 52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-7-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LINWOOD Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>PARAGOULD ARK</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u> ADDRESS <u>Piggott Ark</u> | | | |

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|---------|--|---|--|---|--|
| 9-19-52 | | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | | DATE REC'D BY LOCAL REG. <u>9-19-52</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 22 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 952-276

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 _____

Lucas J. Tyler
working under my personal supervision.

Student Embalmer No. 469

Signed Lucas J. Tyler
Student Embalmer

Signed Leslie D. Russell
Licensed Embalmer No. 3852

P. O. Address Corning Ark

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.