

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34145**

FILED OCT 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3002** Registrar's No. **85**

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

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b> <b>Mo0051</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Scruggins Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>910 - 4th St</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pinkie</b> b. (Middle) <b>Ann</b> c. (Last) <b>Clark</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22 52</b>
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5. SEX <b>Fem!</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2-20-1866</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Warren Co., Ky!</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			

13a. FATHER'S NAME <b>Pickett</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>D.C. Clark</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bob Thompson</b>	ADDRESS <b>Monett</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension (Age)</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-31**, 19**52**, to **10-22**, 19**52**, that I last saw the deceased alive on **10-22**, 19**52**, and that death occurred at **12:47 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. E. Williams, D.O.</b>	23b. ADDRESS <b>301 Fourth St - Monett</b>	23c. DATE SIGNED <b>10-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-25-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lockwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lockwood Dade Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 24-1952</b>	REGISTRAR'S SIGNATURE <b>Oliver A. Warrington</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Buchanan</b>	ADDRESS <b>Monett Mo</b>
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**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 J. B. Buchanan .....

Licensed Embalmer No. 3149 .....

P. O. Address Manitowish .....

**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.