

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17078**

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 602

1. PLACE OF DEATH
a. COUNTY Buchanan 01170

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 2 wks

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clinton

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg 1250

d. STREET ADDRESS (If rural, give location) 313 Locust

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Ray c. (Last) Clark 4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Aug 30 1906 9. AGE (In years last birthday) 46 9 27 27 27 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR 10b. KIND OF BUSINESS OR INDUSTRY Quarry Operator 11. BIRTHPLACE (City and State or Foreign Country) Bethany Missouri U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. M. Clark 13b. MOTHER'S MAIDEN NAME Erminnie Scottfield 14. NAME OF HUSBAND OR WIFE Madelene Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) X X 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Clark ADDRESS Plattsburg, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident INTERVAL BETWEEN ONSET AND DEATH 5-13-53

ANTECEDENT CAUSES DUE TO (b) Subarachnoid Hemorrhage

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 330 X 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) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-13, 1953, to 5-27, 1953, that I last saw the deceased alive on 5-27, 1953 and that death occurred at 6:26 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. Brimmer MD 23b. ADDRESS St Joseph, Mo 23c. DATE SIGNED 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE MAY 29 1953 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Clinton County MO.

DATE REC'D BY LOCAL REG. May 27, 1953 REGISTRAR'S SIGNATURE Kathleen M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE W. W. Lyon ADDRESS Plattsburg, 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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Pittsburg, 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.