No. 300
10-48

FILED MAY 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18575

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 4280 Registrar's No. 41

1550
1

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Statts City
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Statts city, Mo (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Statts City, Missouri 0550
d. STREET ADDRESS (If rural, give location): Main St. Statts City Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Silas
b. (Middle): E.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): 5-21-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec-11-1866
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rockfield Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lewis E. Clark
13b. MOTHER'S MAIDEN NAME: Mary Ellen Riley
14. NAME OF HUSBAND OR WIFE: Luna 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: Elwood L. Clark
ADDRESS: Statts City, Mo

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
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: 331 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) m.
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* 5-7, 1953, *to* 5-21, 1953, *that I last saw the deceased alive on* 5-7, 1953 *and that death occurred at* 12 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. H. Edwards MD
23b. ADDRESS: Monett, Mo
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-53
24c. NAME OF CEMETERY OR CREMATORY: Halltown Cemetery
24d. LOCATION (City, town, or county) (State): Halltown Missouri

DATE REC'D BY LOCAL REG.: 5-23-53
REGISTRAR'S SIGNATURE: Cecil Hendricks 411 C
25. FUNERAL DIRECTOR'S SIGNATURE: V. D. Fossett
ADDRESS: Mt Vernon, Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edwards

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 me

....., Student Embalmer No. .....,

working under my personal supervision.

Student ..... Student Embalmer

Signed R. O. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon 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.