

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25590**

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

FILED JUL 25 1953
BIRTH NO. REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Anderson		c. CITY (If outside corporate limits, write RURAL and give township) Anderson	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION City-Anderson			

3. NAME OF DECEASED (Type or Print) a. (First) BRADEN	b. (Middle)	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) 7 8 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-7-1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? 1

13a. FATHER'S NAME Burt Clark	13b. MOTHER'S MAIDEN NAME Nancy Carver	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ernest Clark Anderson	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		9 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
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 **6-29**, 19**53** to **7-7**, 19**53**, that I last saw the deceased alive on **7-7**, 19**53**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE S. B. Buehler M.D.	(Degree or title)	23b. ADDRESS Anderson, Mo.	23c. DATE SIGNED 7-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-9-1953	24c. NAME OF CEMETERY OR CREMATORY Anderson	24d. LOCATION (City, town, or county) (State) Anderson Mo.
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DATE REC'D BY LOCAL REG. 7-9-53	REGISTRAR'S SIGNATURE Mayme Humphrey	423	25. FUNERAL DIRECTOR'S SIGNATURE A. Humphrey + Son	ADDRESS Anderson, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **Clita Mae Cheatham**

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. 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.