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

# STANDARD CERTIFICATE OF DEATH

State File No. 27544

BIRTH NO. FILED JUL 22 1953 REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6286 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hiarm</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jefferson T.S.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>C</b>	c. (Last) <b>Clark</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 11 1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4 23- 1868</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Jeff Clark</b>	13b. MOTHER'S MAIDEN NAME <b>No Data</b>	14. NAME OF HUSBAND OR WIFE <b>No Data</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.	17. INFORMANT'S SIGNATURE OR NAME <b>M.M. Clark</b>	ADDRESS <b>Lowndes Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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) <b>Hiarm Wayne Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Marvin E. Bowler</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Bedmont Mo</b>	23c. DATE SIGNED <b>6/18/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-12-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fronbarger</b>	24d. LOCATION (City, town, or county) (State) <b>Wayne Co Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 22 53</b>	REGISTRAR'S SIGNATURE <b>Mabel Beasley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Service</b>	ADDRESS <b>Puxico Mo</b>
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RECEIVED

JUL 20 1953

WAYNE CO. HEALTH CENTER

FILE No. 753-33

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 Walter Marsh Waters

Licensed Embalmer No. 4717

P. O. Address Jeter, 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.