

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27902**

FILED AUG 19 1953

Registrar's No. **342**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5144		State File No. 27902	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY OR TOWN Rombauer-St FRANCIS		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN Rombauer		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION In Rombauer				d. STREET ADDRESS (If rural, give location) In Rombauer			
3. NAME OF DECEASED (Type or Print) a. (First) Everett		b. (Middle) Harry		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH May 28, 1910	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 2 Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Range-Inspector		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Clark		13b. MOTHER'S MAIDEN NAME Josephine Overton		14. NAME OF HUSBAND OR WIFE Ruby Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-18-2444		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Clark Rombauer, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, left lung, upper lobe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 7 mos.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 162X			
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 4 May, 1953, to 10 Aug, 1953 , that I last saw the deceased alive on 9 Aug, 1953 , and that death occurred at 9:20 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Foster Harwell, M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 13 Aug. 1953	
24a. BURIAL CREMATION, REMOVAL (Specify) buried		24b. DATE 8-11-53		24c. NAME OF CEMETERY OR CREMATORY Rombauer		24d. LOCATION (City, town, or county) (State) Butler Mo.	
DATE REC'D BY LOCAL REG. 8/14/53		REGISTRAR'S SIGNATURE R.D. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.C. White, Fisk, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 17 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

NOV 9 1960

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 Philip J. Cassely

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.