

STANDARD CERTIFICATE OF DEATH

State File No. **11190**

BIRTH NO. **FILED MAY 3 1954** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Noyes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>110 South Sixth St. 0100</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLEMENS</b>	b. (Middle) <b>ISHAM</b>	c. (Last) <b>CLARK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 22, 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Cornelius Lockett Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Clemens</b>	14. NAME OF HUSBAND OR WIFE <b>Velma Ward Clark</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) <b>No</b>	16. SOCIAL SECURITY NO. <b>5810</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clemens I. Clark, Columbia, 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, asthma, 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) <b>Toxic hepatitis</b>		<b>1 month</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of liver</b> DUE TO (c)		<b>unknown</b>
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 <b>5810</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **4-23, 1954**, to **4-27, 1954**, that I last saw the deceased alive on **4-26, 1954**, and that death occurred at **1:30A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James D. Allen MD</b>	23b. ADDRESS <b>Columbia Mo</b>	23c. DATE SIGNED <b>Apr. 30/54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 28, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Montgomery City, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>April 30, 1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker Funeral Service, Columbia Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 21 1956

APR 12 1955

INDEX

6 1958

JUL 31 1957

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.....  
Signature of Student Embalmer

Signed.....  
*J. W. Phillips*

Licensed Embalmer No. 489

P. O. Address Columbia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.