

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12649

State File No.

0610

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

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> <u>0610</u>	
c. LENGTH OF STAY (In this place) <u>35 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Single</u>	8. DATE OF BIRTH <u>21 September 1887</u>
9. AGE (In years) <u>66</u> If under 1 year: Months <u>6</u> Days <u>6</u> Hours <u>12</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>Knox County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Robert R. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Mary R. Savard</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>49-14-2124</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Webster Quincy, Ill</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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 <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 <u>Feb. 1, 1954</u> , to <u>April 2, 1954</u> , that I last saw the deceased alive on <u>April 2, 1954</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold D. Clark, M.D.</u>		23b. ADDRESS <u>La Plata Mo.</u>	
23c. DATE SIGNED <u>4-3-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brashear Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brashear Mo</u>
DATE REC'D BY LOCAL REG. <u>April 3 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs O. J. Griffin 195</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. S. Christie La Plata Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 24

RECEIVED 4. 6. 57
MAGON COUNTY HEALTH DEPARTMENT
County File No. 4. 54. 53
Date Filed 4. 16. 54

(9)

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: *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata 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.