

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15045

State File No. _____
Registrar's No. 330

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

I. PLACE OF DEATH

a. COUNTY *Butler*

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Caplan Bluff Adys.*

c. LENGTH OF STAY (In this place) *Adys.*

d. FULL NAME OF HOSPITAL OR INSTITUTION *Doctors Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE *Missouri* b. COUNTY *Wayne*

c. CITY OR TOWN *Piedmont* 110

d. STREET ADDRESS (If rural, give location) *1*

3. NAME OF DECEASED

a. (First) *Catherine* b. (Middle) *ELIZABETH* c. (Last) *Clark*

4. DATE OF DEATH (Month) (Day) (Year) *5-24-54*

5. SEX *Female* **6. COLOR OR RACE** *White* **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** *Widowed*

8. DATE OF BIRTH *Nov. 13, 1867* **9. AGE** (In years last birthday) *86* IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housework* **10b. KIND OF BUSINESS OR INDUSTRY** *None* **11. BIRTHPLACE** (City and State or Foreign Country) *Keosau, Mo.* **12. CITIZEN OF WHAT COUNTRY? *USA.***

13a. FATHER'S NAME *Samuel Copeland* **13b. MOTHER'S MAIDEN NAME** *Francis Mulligan* **14. NAME OF HUSBAND OR WIFE** *George W. Clark*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** *Lula Lewis* **ADDRESS** *Piedmont, Mo.*

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Arteriosclerotic heart disease*

ANTECEDENT CAUSES
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 NO

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) *Piedmont, Mo.*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from *5-18-54*, to *5-24, 1954* that I last saw the deceased alive on *5-24, 1954*, and that death occurred at *8:45* a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Robert Engelhardt M.D.* **23b. ADDRESS** *Caplan Bluff, Mo.* **23c. DATE SIGNED** *5/24/54*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24b. DATE** *5-26-54* **24c. NAME OF CEMETERY OR CREMATORY** *Masonic* **24d. LOCATION** (City, town, or county) (State) *Piedmont, Mo.*

DATE REC'D BY LOCAL REG. *5/28/54* **REGISTRAR'S SIGNATURE** *M. M. M. M. M.* **25. FUNERAL DIRECTOR'S SIGNATURE** *Harmon W. ...* **ADDRESS** *Mo.*

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

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Frederick, Md.*

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.