

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21850

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. CITY OR TOWN <u>Tiffin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>09301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sol</u> b. (Middle) <u>Clark</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-54</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 14, 1874</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Miss M. Sal Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sol Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sol Clark</u>	ADDRESS <u>Tiffin, Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated st. inguinal hernia</u> DUE TO (c) <u>Coronary artery disease</u>		<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary artery disease</u>		<u>2 years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5615</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	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 Dec 18, 1913, to June 28, 1949, that I last saw the deceased alive on June 28, 1954, and that death occurred at 4:35 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond Pearson, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada Inn</u>	23c. DATE SIGNED <u>6/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nevada Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Parsons, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>7-2-54</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons - Nevada Inn</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Max W. Pickering*

Licensed Embalmer No. .... *469*

P. O. Address *El Dorado*

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.