

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27144

State File No. \_\_\_\_\_  
Registrar's No. **3543**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3543</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>HANSAI CITY 5YRS</b>		c. LENGTH OF STAY (in this place) <b>12 MONTH</b>		c. CITY OR TOWN <b>HANSAI CITY</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>205 W 9TH</b>				STREET ADDRESS (If rural, give location) <b>205 W 9TH</b> <b>3128</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b>		b. (Middle) <b>A</b>		c. (Last) <b>CLARK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 21 54</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIV 3</b>		8. DATE OF BIRTH <b>FEB 4 1912</b>	
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>MILLS COUNTY, IOWA, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				13a. FATHER'S NAME <b>WESLEY CLARK</b>		13b. MOTHER'S MAIDEN NAME <b>CORA WILSON</b>	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW II</b>			
16. SOCIAL SECURITY NO. <b>579-09-454</b>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CLARENCE CLARK BETHANEY, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death unknown</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>7955</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No decomposition to post</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens MD</b> (Degree or title) <b>Hugh H. Owens, Coroner</b>				23b. ADDRESS <b>1034 Oakto Bldg</b>		23c. DATE SIGNED <b>7-21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-22-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>KIDWELL CEM</b>		24d. LOCATION (City, town, or county) (State) <b>MARTINSVILLE Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-21-54</b>		REGISTRAR'S SIGNATURE <b>Reraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SEBETO'S K.C.Mo.</b>			

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

AUG 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed

by me, ~~or~~ by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest D. Caldwell*.....

Licensed Embalmer No. *4719*

P. O. Address *K.C. 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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.