

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1711

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u> <u>0611</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Macon</u>)		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Macon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 N. Rutherford</u>				STREET ADDRESS (If rural, give location) <u>610 Rutherford St</u> <u>0611</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Roy</u>		b. (Middle) <u>Wilson</u>		c. (Last) <u>Clark</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>3rd</u>		(Year) <u>55</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 22nd 1888</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Day <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leonard Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Swinney</u>		14. NAME OF HUSBAND OR WIFE <u>Aileen Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-03-0812</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Aileen Clark</u> ADDRESS <u>Macon Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>		ANTECEDENT CAUSES				<u>5 Min.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 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) <u>4201</u> (COUNTY) _____ (STATE) _____		_____	
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? _____			
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 <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester Hutton</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>Mo. Jan 6, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarence Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-55</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkeley & Hawkins</u> ADDRESS <u>Clarence Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 12 1955

JAN 24 1955

RECEIVED 1-20-55
MAGON COUNTY HEALTH DEPARTMENT
County File No. 1-5575
Date Filed 1-22-55

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 *LeRoy A. Dackel*
Licensed Embalmer No. 383

P. O. Address *Shelburne*

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.