

FILED AUG 10 1955

STANDARD CERTIFICATE OF DEATH 541

State File No. 24647

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1625

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN ~~St. Louis~~ - township) **DOA**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS' CO. HOSP.**

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

a. STATE **Missouri**

b. COUNTY **Franklin**

c. CITY OR TOWN **Villa Ridge**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **General Delivery 6360**

3. NAME OF DECEASED

a. (First) **Shirley** b. (Middle) **Marie** c. (Last) **Clark**

4. DATE OF DEATH (Month) (Day) (Year) **July 15, 1955.**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug 22, 1929** 9. AGE (In years last birthday) **25** IF UNDER 1 YEAR Months **10** Days **23** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home Maker** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and State or Foreign Country) **Villa Ridge, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Ursa T. Maddox** 13b. MOTHER'S MAIDEN NAME **Helen M. Reynolds** 14. NAME OF HUSBAND OR WIFE **William M. Clark Jr.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **496-28-5817** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ursa T. Maddox, Villa Ridge, 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) **Fracture of neck and severance**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **of cord with sudden demise.**

DUE TO (c) **Type of injury consistent with car accident**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **car accident**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **E8164 20** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Homicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Rural St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) **July 15, 1955** 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **passenger in car involved in collision**

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 **Arnold J. Willmann** (Degree or title) **Coroner** 23b. ADDRESS **Clayton, Mo.** 23c. DATE SIGNED **7-19-55**

24a. BURIAL, CREMATION, OR OTHER DISPOSITION **Reburied** 24b. DATE **July 18, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Pleasant Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **R.F.D. Villa Ridge, Mo.**

DATE REC'D BY LOCAL REG. **7/19/55** REGISTRAR'S SIGNATURE **Hubert B. Donker, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Nieburg & Vitt Inc. Washington, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 8 45 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 *John S. Plummer*
Licensed Embalmer No... 419
P. O. Address *St. Louis*

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.