

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. **29594**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>7:8</u>	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Fayette		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 Lee Hospital				STREET ADDRESS (If rural, give location) 411 N. Mulberry <u>045/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Noble		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 25, 1873	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 5 Days 26		IF UNDER 24 HRS. Hours 26 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engine Dept.		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad		11. BIRTHPLACE (City and State or Foreign Country) Audrain County Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Eliza Charles Clark			13b. MOTHER'S MAIDEN NAME Mary Ellen Crosswhite			14. NAME OF DECEASED OR WIFE Maud McMahill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American 499-30-7268		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs W.N. Clark 411 N. Mulberry Fayette, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Chronic Arteriosclerosis DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 331X				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 <u>9-16</u> , 19 <u>55</u> , to <u>9-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>55</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Wabloon (Degree or title)				23b. ADDRESS Fayette Mo		23c. DATE SIGNED 9-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/23/1955		24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery Fayette, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 9-23-55		REGISTRAR'S SIGNATURE Mary K. Shell <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr		ADDRESS Fayette, Missouri	

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

5501 87 100

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..... *Ralph A. Carr*
Licensed Embalmer No. *33*

P. O. Address *Gayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.