

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16290

State File No. 1864

FILED MAY 17 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR. TOWN Kansas City) c. LENGTH OF STAY (in this place) 2 Yrs.		c. CITY OR TOWN Kansas City 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 General Hospital		e. STREET ADDRESS (If rural, give location) 2630 Charlotte 34380	
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) V c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) 4-28-56
5. SEX fe	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1892
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (City and State or Foreign Country) Lexington, So. Carolina.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Bairefoot		13b. MOTHER'S MAIDEN NAME Mary A. Spires.	14. NAME OF HUSBAND OR WIFE Clyde C. Clark
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. *****	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lloyd Dority 2630 Charlotte, KCMo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma (n.m.o.) ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1999	
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 4-12 , 1956, to 4-28 , 1956, that I last saw the deceased alive on 4-28 , 1956, and that death occurred at 9:40 pm. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns (Degree or title) M.D.		23b. ADDRESS 24 & Cherry	
23c. DATE SIGNED 4-29-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	
24d. LOCATION (City, town, or county) (State) Stover, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Indep. Mo.	
DATE REC'D BY LOCAL REG. 4-29-56		REGISTRAR'S SIGNATURE Neve Marshall	

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

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.....
Walter L. Kepley

Licensed Embalmer No..... 422

P. O. Address.....
Indep.

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.