

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16801

State File No. ....

FILED MAY 29 1956

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>217 N. Blannah</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MaGune Brooks Hosp.</b>		<b>04930</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Eldridge</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Clarke</b>	<b>May 16, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 12, 1904</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waxer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carthage Marble</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Nebr.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Henry Clarke</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Jacobs</b>	14. NAME OF HUSBAND OR WIFE <b>Winnifred McDaniel</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>441-09-4658</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eldridge Clarke, Carthage, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</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"/>
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) (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 Nov. 11, 1952 to May 16, 1956 that I last saw the deceased alive on May 15, 1956 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Howard Patterson, M.D.</b>	23b. ADDRESS <b>Carthage, Mo.</b>	23c. DATE SIGNED <b>5-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>
		24d. LOCATION (City, town, or county) (State) <b>CARTHAGE, MO.</b>

DATE REC'D BY LOCAL REG. <b>5-17-56</b>	REGISTRAR'S SIGNATURE <b>W. Clifton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home, Carthage, Mo.</b>
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RECEIVED MAY 28 1956

Jasper County Health Dept

County File Number 56-5-1133

Date Filed MAY 28 1956

MAR 19 1957

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 *Edwin C. Ulmer Jr.*.....

Licensed Embalmer No. 495.....

P. O. Address *Cartersville*.....

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