

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17077**BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Princeton, Mo) c. LENGTH OF STAY (In this place) 14 days		c. CITY OR TOWN Princeton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Richard b. (Middle) Lee c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) 5-10-56
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-6-1939
9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co., Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clare Clark	
13b. MOTHER'S MAIDEN NAME Viva Scott		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clare Clark Princeton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Measles 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"/>		0851	
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 May 7 , 19 56 , to May 10 , 19 56 , that I last saw the deceased alive on May 10 , 19 56 , and that death occurred at 4:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Douglas L. Pearce D.O.		23b. ADDRESS Princeton, Missouri	23c. DATE SIGNED 5-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY Farley Cemetery	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo
DATE REC'D BY LOCAL REG. 5-17-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

300
4893
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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.....

Licensed Embalmer No. 26

P. O. Address.....

- 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.