

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17686**
Registrar's No. **4639**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4639			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Ladue 40611		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 24 Woodcrest Drive					
3. NAME OF DECEASED (Type or Print) a. (First) OTHELIA			b. (Middle) KIRK		c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1895		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 18	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Ritneour School District		11. BIRTHPLACE (City and State or Foreign Country) Wellsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Kirk			13b. MOTHER'S MAIDEN NAME Johanna Baruch		14. NAME OF HUSBAND OR WIFE David E. 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. 493-07-6754		17. INFORMANT'S SIGNATURE OR NAME David E. Clark, 24 Woodcrest Drive				ADDRESS	
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) Secondary of Carcinoma of Colon				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Transverse Colon				1 year.	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X					
19a. DATE OF OPERATION 12/6/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Transverse Colon and Liver.						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 6-6-1955 to May 11, 1956 , that I last saw the deceased alive on May 11, 1956 , and that death occurred at 5:20 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert W. Crossman M.D.				23b. ADDRESS 607 N. Grand Avenue		23c. DATE SIGNED 5/12/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 14, 1956	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri				
DATE REC'D BY LOCAL REG. MAY 14 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.				

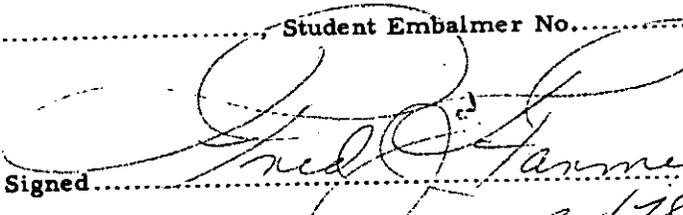
(Licensed Embalmer's Statement on Reverse Side)

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.....


Licensed Embalmer No. 2478

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.