

FILED SEP 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32912
Registrar's No. 188

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) Nevada Mo.
c. LENGTH OF STAY (In this place) 1 yr

c. CITY OR TOWN Nevada Mo.
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 411 S. Oak St. Farming Nursing Home

e. STREET ADDRESS (If rural, give location) 411 S. Oak St. Nevada, Mo.

3. NAME OF DECEASED
a. (First) Calby - R b. (Middle) Clark c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) 9 - 15 - 1956

5. SEX Male

6. COLOR OR RACE Wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 23 - 1876

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Bentley - Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James M. Clark

13b. MOTHER'S MAIDEN NAME Mary Ann Burnett

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Henry Clark - Nevada, 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, asthma, 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
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced age.

INTERVAL BETWEEN ONSET AND DEATH 3 days
Don't Know

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada - Vernon - Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?

21f. HOW DID INJURY OCCUR? No injury.

22. I hereby certify that I attended the deceased from June, 1956, to Sept 15, 1956, that I last saw the deceased alive on Sept 14 1956 and that death occurred at 12:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. Pove M.D.

23b. ADDRESS Nevada, Mo.

23c. DATE SIGNED 9-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-16-56

24c. NAME OF CEMETERY OR CREMATORY Berga Cemetery

24d. LOCATION (City, town, or county) (State) Vernon Co. Mo

DATE REC'D BY LOCAL REG. 9-21-56

REGISTRAR'S SIGNATURE Anna J. Ferris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hayes Funeral Service Inc. Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1082
4
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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2070*.....

P. O. Address *Woods, Pa.*.....

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.