

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. R. W. Palenski
State File No. 4203

FILED MAR 8 1957

BIRTH NO.		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 5417		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>Kennett</i>		c. LENGTH OF STAY (in this place) <i>3 wks.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Arbyrd. 0350</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dunklin Co. Mem. Hosp.</i>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Burel</i> c. (Last) <i>Clark</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 19, 1957</i>				
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept. 15, 1886</i>	
9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>4</i>		IF UNDER 2 HRS. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer - retired</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hornersville, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>							
13a. FATHER'S NAME <i>Bob Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Mattie Fretwell</i>		14. NAME OF HUSBAND OR WIFE <i>Elsie Homer Clark</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY # <i>488-18-7580</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Elsie Clark, Arbyrd, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hours</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro vascular accident</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive cerebrovascular disease 10 years</i> DUE TO (c) <i></i>					
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) <i>443x</i>			
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 <i>10/1, 1956</i> , to <i>2/19, 1957</i> , that I last saw the deceased alive on <i>2/19, 1957</i> , and that death occurred at <i>7:20 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>R. J. Polenske</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>Hornersville, Mo.</i>		23c. DATE SIGNED <i>2/25/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/20/57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wulu Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Denath, Mo. Pt. 1</i>	
DATE REC'D BY LOCAL REG. <i>2-25-57</i>		REGISTRAR'S SIGNATURE <i>Sue Palenske</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Howard Funeral Service, Leachville, Ark.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY
DEPARTMENT 3-5-5
COUNTY FILE NUMBER 357

MAR 11 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
Student Embalmer

Signed W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Arkansas

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 this body is not embalmed, fact should be so stated above.