

FILED NOV 13 1957

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 61

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Unionville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u> | | Length of stay in ^{1b} <u>7 Weeks</u> | d. STREET ADDRESS <u>Unionv Township</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Robert</u> Last <u>Clark</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>27</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>December 29, 1870</u> | 9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>28</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Lumber Yard</u> | 11. BIRTHPLACE (City and state or country) <u>Boston, Belmont Co. Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13. FATHER'S NAME <u>Lawson Collins Clark</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary Carpenter</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT Address <u>Mrs. Ruth Pollock Unionville, Mo. R. F. D.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sensibility</u> DUE TO (b) <u>Degenerative myocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>March 1957</u> to <u>Oct. 27, 1957</u> and last saw ^{him} <u>him</u> alive on <u>Oct 27-57</u> Death occurred at <u>9:30</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>L. W. McDonald DO</u> | | | 22b. ADDRESS <u>Unionville, Missouri</u> | | 22c. DATE SIGNED <u>10/30/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10/31/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Unionville, Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> By <u>John H. Comstock</u> | | ADDRESS <u>Unionville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>11-9-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u> |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *John N. Comstock*.....

Licensed Embalmer No. *389*

P. O. Address *Unionville*

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.