

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

39748

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. 96 Primary Registration District No. 5348 Registrar's No. 88

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Grant</u>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN<br><u>Buffalo, Mo.</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Highway 65</u>   |                                  | Length of stay in 1b<br><u>-</u>  | d. STREET ADDRESS<br><u>Buffalo, Mo.</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>John Franklin Clarke</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>NOV. 7, 1957</u>  |  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 26, 1933</u>  | 9. AGE (In years last birthday)<br><u>24</u>         | IF UNDER 1 YEAR<br>Months Days<br><u>5 11</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Construction work</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Dallas County, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>          |   |
| 13a. FATHER'S NAME<br><u>Thomas Clark</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Ethel Moad</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Charlene Clark</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>440-30-1432</u>   | 17. INFORMANT<br>Address<br><u>Charlene Clark Buffalo, Mo.</u>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Internal injuries in</u><br>DUE TO (b) <u>chest auto accident on</u><br>DUE TO (c) <u>Hi. 65 2 miles S. of Highway 65</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>no impact</u>                                  |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway 65</u>   | 20f. CITY, TOWN, OR LOCATION<br><u>Louisiana</u>   |  | COUNTY STATE<br><u>Dallas Mo.</u>   |
| 21. I attended the deceased from Death occurred at <u>1:30 A</u> to <u>1:30 A</u> and last saw her/him alive on <u>11-7-57</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |   |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title) <u>3</u>  |                                  |   | 22b. ADDRESS<br><u>Buffalo Mo</u>  |  | 22c. DATE SIGNED<br><u>11-7-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>11/10/1957</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Lawn</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Dallas Co. MO</u>                 |
| 24. FUNERAL DIRECTOR<br><u>Montgomery Funeral Home</u>   |                                  | ADDRESS<br><u>Buffalo Mo</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>11/18/57</u>      | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Grace Petree</u>                                 |

(Licensed Embalmer's Statement on Reverse Side)

2700

NOV 20 1957

856 F. T. NY 01

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 *Allen W. Vaughan* .....

Licensed Embalmer No. *4156* .....

P. O. Address *Urban, W.* .....

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.