

t. Health,
& Welfare
S. Public
th Service

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40262**
Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **5141**

S. 300
1-57

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3711 EAST 11th STREET | | Length of stay in 1b 25 YRS. | d. STREET ADDRESS (If outside, give location) 3711 EAST 11th STREET |
| 3. NAME OF DECEASED (Type or print) First TANEE Middle SUE Last CLARK | | | 4. DATE OF DEATH Month NOV. Day -1- Year 1957 |
| 5. SEX 1 FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1873 DEC. 21, 1874 |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) IVA, SOUTH CAROLINA |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME GEORGE T. McElough | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE Rubin H. 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. NONE | 17. INFORMANT RUBIN G. CLARK Address 6014 SOUTH BENTON KANSAS CITY, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis, Hypertension, heart failure | | | ? |
| DUE TO (c) Senility | | | 443x |
| 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 10-14-57 to 11-4-57 and last saw her alive on 10-28-57 Death occurred at 5:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. M. Haight | | 22b. ADDRESS 3401 E 17th KC Mo | 22c. DATE SIGNED 11-2-57 |
| 23a. BURIAL, CREMATION, RECOVERY (Specify) BURIAL | 23b. DATE NOV. 4, 1957 | 23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS | | ADDRESS 1331 BRUSH CREEK F.C. MO. | 25. DATE RECD. BY LOCAL REG. 11-4-57 |
| 26. REGISTRAR'S SIGNATURE Neve Marshall | | | |

J. M. Haight M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.



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. Helan*

Licensed Embalmer No. *4481*

P. O. Address *Kansas City, Mo.*

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.