

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1786

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holden, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Holden		Length of stay in lb 25 yrs.	d. STREET ADDRESS (If outside, give location) North Holden		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Jesse Last Clark			4. DATE OF DEATH Month January Day 30 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1879	9. AGE (In years and birthday) 78	IF UNDER 1 YEAR Months 7 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Olewein, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Clark			14. MOTHER'S MAIDEN NAME Amelia Shippy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes.		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Chas. J. Clark, Holden, 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) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of lung DUE TO (c) 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
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.) 163X		
20c. TIME OF INJURY Hour 11:30 Month PM Day 1 Year 1957			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 July 1, 1957 , to Jan 30, 1958 and last saw him alive on Jan 29, 1958 . Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. W. Inoueland MD			22b. ADDRESS Holden, Mo		22c. DATE SIGNED 1-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairview RLDS Cemetery		23d. LOCATION (City, town, or county) (State) Holden, Mo.	
24. FUNERAL DIRECTOR E B CAST HOLDEN MO		ADDRESS [Signature]	25. DATE RECD. BY LOCAL REG. 2-2-58	26. REGISTRAR'S SIGNATURE Mrs. G. V. Redford	

(Licensed Embolmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only approved ribbon typewrite if possible.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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MAR 12 1958

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 *EB Clark*.....

Licensed Embalmer No. *40*.....

P. O. Address *Holmen*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.