

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2441  
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		c. CITY OR TOWN <b>Richmond</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ray County Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>104 West Royle</b>	
Length of stay in lb <b>30 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Pierce</b> Middle <b>(n)</b> Last <b>Clark</b>			4. DATE OF DEATH Month <b>January</b> Day <b>31</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 23, 1894</b>	9. AGE (In years last birthday) <b>63</b>	10. FUNDERS (YEAR) IF UNDER 24 HRS. Months <b>9</b> Days <b>8</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired cook (Civil Service)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Engineers</b>		11. BIRTHPLACE (City and state or country) <b>Osage County, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Mathews</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Hale</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Flora Clark, Richmond, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
DUE TO (b) <b>Chr Myocarditis</b>		
DUE TO (c) <b>Bronchiectasis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4222</b>		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.) <b></b>
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT <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.) <b></b>	20f. CITY, TOWN, OR LOCATION <b></b>	COUNTY <b></b>	STATE <b></b>
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21. I attended the deceased from <b>Jan 1-58</b> , to <b>Jan 31-58</b> and last saw him <b>alive on 1-31-58</b> . Death occurred at <b>Ray County Memorial Hospital</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>E. E. J. M.D.</b>	(Degree or title)	22b. ADDRESS <b>Richmond, Mo</b>	22c. DATE SIGNED <b>2-2-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 2, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Richmond Memory Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>
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24. FUNERAL DIRECTOR <b>Guest-Life Funeral Home</b> Richmond, Missouri	ADDRESS <b>Richmond, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 6-1958</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which be related. All diseases in Part I must be causally related.

MAR 5 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 *George H. Hile* .....

Licensed Embalmer No. *4066* .....

P. O. Address *Richmond, Va.* .....

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.