

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004292

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moberly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in lb 1 Week	d. STREET ADDRESS (If outside, give location) 718 E. Logan
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLAUDE Middle EDWIN Last CLARK			4. DATE OF DEATH Month FEB. Day 16, 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 July 12, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (City and state or country) Moberly, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Clark			14. MOTHER'S MAIDEN NAME Lula Hunt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 491-07-2037	17. INFORMANT Address Mrs. C. E. Clark Moberly		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			2 weeks
DUE TO (b) Hilar pneumonia			2 months
DUE TO (c) Myocardial failure with cardiac dilatation			2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			

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.) 4261		
20c. TIME OF INJURY Hour 6:20 Month 2 Day 16 Year 1958			
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 Kirkville, Mo.	COUNTY Missouri STATE Missouri

21. I attended the deceased from 1-31-58 to 2-16-58 and last saw him alive on 2-16-58 Death occurred at 6:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. McClure, D.O.		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 2-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-18-1958	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Moberly, Missouri
24. FUNERAL DIRECTOR ADDRESS Mahan Funeral Service Moberly		25. DATE RECD. BY LOCAL REG. 2-26-1958	26. REGISTRAR'S SIGNATURE Doris W. Rathoff

MAR 4 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.....
John A. Green

Licensed Embalmer No. *381*

P. O. Address *Moorestown*

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.