

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009175
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 59

Primary Registration District No. 5228

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Belton 0190
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Della's Rest Home		Length of stay in 1b 3 mo	d. STREET ADDRESS (If outside, give location) 1 mile s.w. Belton
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) KATHERINE D. CLARK			4. DATE OF DEATH Month April Day 2 Year 1958		
First	Middle	Last	Month	Day	Year

5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1875	9. AGE (In years less birthday) 83	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Sedalia, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Franklin	13b. MOTHER'S MAIDEN NAME Sarah UNKNOWN	14. NAME OF HUSBAND OR WIFE Amos R. Clark
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Paul Clark	Address Belton, Mo.
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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) Recurrent cerebrovascular thromboses		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis		2 yrs
	DUE TO (c) _____		332X
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.)
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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 Pleasant Hill, Mo.	COUNTY Cass	STATE Missouri
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21. I attended the deceased from Death occurred at 11-30-57 to 4-2-58 and last saw her/him alive on 4-2-58 5:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. H. Keene M.D.	(Degree or title)	22b. ADDRESS Pleasant Hill, Mo.	22c. DATE SIGNED APR 4 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/4/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) Kansas City, Mo.	(State)
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24. FUNERAL DIRECTOR E. K. George & Sons	ADDRESS Belton, Mo.	25. DATE RECD. BY LOCAL REG. April 5 1958	26. REGISTRAR'S SIGNATURE Nora Barnard
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

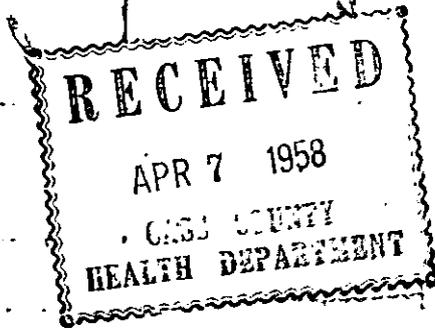
MEDICAL CERTIFICATION

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All diseases in Part I must be causally related.

Doctor, coroner, etc. may use only when necessary.



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 Richard E. Deager

Licensed Embalmer No. 3958

P. O. Address Bella, 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.