

t. Health,
& Welfare
i. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017269
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 16 Primary Registration District No. 4030 Registrar's No. 7

S. 300
V. 1-57
6060

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Golden City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Golden City 6060
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) none

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM MADISON CLARK			4. DATE OF DEATH Month Day Year May 17 1958		
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5. SEX male 0	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 May 26, 1870	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Omer, Cedar Co., Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jonathan Clark	13b. MOTHER'S MAIDEN NAME Wilcie O'Conner	14. NAME OF HUSBAND OR WIFE Ida Bell Clark
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Harry Waggoner Address Jasper, 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) <i>Pneumonia of acute nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertrophy of prostate & retention</i>	10 years
	DUE TO (c) <i>610X</i>	
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 Month, Day, Year a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <i>May 10, 1958</i> to <i>May 17, 1958</i> <i>2:25 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated. <i>May 16, 1958</i>

22a. SIGNATURE (Degree or title) <i>Raymond A. Carlson D.O.</i>	22b. ADDRESS <i>413 Main St. Golden City, Mo.</i>	22c. DATE SIGNED <i>5-20-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>May 21, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Omer cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Cedar county, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Phillips Funeral Home Golden City Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>May 20 1958</i>	26. REGISTRAR'S SIGNATURE <i>Hazel St. Pugh</i>
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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.

JAN 28 1959

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. Lowell Pugh*

Licensed Embalmer No. *4951*

P. O. Address *Golden 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.