

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019243
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, Mo.		c. CITY OR TOWN St. James 6810	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Hospital 3 days		d. STREET ADDRESS (If outside, give location) Rural (St. James)	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT EDWARD CLARK			4. DATE OF DEATH Month Day Year May 16 1958
5. SEX Male 0	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 April 24 1906
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 0 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY shoe ind	11. BIRTHPLACE (City and state or country) Linn, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Louis Edward Clark	
14. MOTHER'S MAIDEN NAME Eleanor Potts		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. 497-01-2694		17. INFORMANT Martha Clark, St. James, Missouri	
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 Occlusion DUE TO (b) Chronic Coronary insufficiency DUE TO (c) Aortic Rheumatic Carditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulmonary Fibrosis and Emphysema 416X			INTERVAL BETWEEN ONSET AND DEATH 2 years
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. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
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 May 27, 1957 to May 16, 1958 and last saw him alive on May 16, 1958. Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorval C. Conroy M.D.		22b. ADDRESS St. Luke Clinic, Linn, Mo. 526/58	
22c. DATE SIGNED 5/26/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 20 1958		23c. NAME OF CEMETERY OR CREMATORY Lane Cemetery	
23d. LOCATION (City, town, or county) Linn, Missouri		24. FUNERAL DIRECTOR Jesse Galt 2907 Meramec St. James, Mo.	
25. DATE RECD. BY LOCAL REG. May 26, 1958		26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

Health, & Welfare Public Service

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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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

Phelps County Health Officer,

County File Number 1051

Date Filed - 6/3/58

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 C. Jesse Gahr.....

Licensed Embalmer No. 448

P. O. Address St. James

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.