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S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022606
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 N. Mill — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0661 406 N. Mill — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Maude Middle Beatrice Last Clark
4. DATE OF DEATH Month June Day 13 Year 1958
5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Apr. 30, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bagnell, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Augustus Ollson
13b. MOTHER'S MAIDEN NAME Louise Irvin
14. NAME OF HUSBAND OR WIFE Seth G. Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Helen Rathburn Address Kansas City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular Standstill
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis & vascular
DUE TO (c) changes.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4330
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1950, to June 13 1958 and last saw her alive on June 13 1958
Death occurred at _____ at on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. Shelton M.D. (Degree or title)
22b. ADDRESS Eldon Mo
22c. DATE SIGNED June 16 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 16, 1958
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) Clinton (State) Mo.

24. FUNERAL DIRECTOR Louis A. Phillips ADDRESS Eldon
25. DATE RECD. BY LOCAL REG. June 16, 1958
26. REGISTRAR'S SIGNATURE Alverretta Wally

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED
JUN 24 '58
Miller County
Health Department
AUG 14 1968

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Texarkana

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.