Health, & Welfare Public Service

2 46 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025230
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) TRENTON — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 109 E. CROWDER — Length of stay in 1b 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY GRUNDY
c. CITY OR TOWN TRENTON 0402 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 822 GRANT — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BRUCE Middle J. Last CLARK

4. DATE OF DEATH Month Aug Day 3, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 7, 1885
9. AGE (In years last birthday) 72 — 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) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) Greenville Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK Graham
13b. MOTHER'S MAIDEN NAME SARAH Graham
14. NAME OF HUSBAND OR WIFE Mable Posey Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT B.J. Clark, Jr. Address Trenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular Renal Disease — 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) at times Diabetes Mel. — 1 yr
DUE TO (c) 442X
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 [ ] NO [X] 42

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 May 27 58 to Aug 2 58 and last saw her/him alive on Aug. 1 58
Death occurred at 6.45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E.A. Duffy MD
22b. ADDRESS Trenton Mo.
22c. DATE SIGNED Aug 5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 6, 1958
23c. NAME OF CEMETERY OR CREMATORY Resthaven Memorial Garden
23d. LOCATION (City, town, or county) (State) Trenton, Missouri

24. FUNERAL DIRECTOR J. Gordon Blackmon ADDRESS Trenton
25. DATE RECD. BY LOCAL REG. 8/6/58
26. REGISTRAR'S SIGNATURE Irene Fair

E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 13 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 Claude H. Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton, M

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.