

Health,
Welfare,
& Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028176
STATE FILE NUMBER

REGISTRATION DISTRICT NO. 38 PRIMARY REGISTRATION DISTRICT NO. 3006 REGISTRAR'S NO. 392

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Macon</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. Med. C.</u>		d. STREET ADDRESS (If outside, give location) <u>201 N. Allen</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Andrew</u> Last <u>Clark</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>2</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31 1958</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Macon Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Delbert Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>no.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT <u>Delbert Clark</u> Address <u>Macon, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>from birth to death</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hemolytic Disease of newborn due to RH incompatibility.</u>	
	DUE TO (c) <u>to RH incompatibility.</u>	
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.)	
20c. TIME OF INJURY Hour <u>1:30</u> Month, Day, Year <u>Sept 2, 1958</u> a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK AT WORK <input checked="" 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 <u>Macon Mo.</u>

21. I attended the deceased from Aug 31, 1958 to Sept 2, 1958 and last saw her alive on Sept 2, 1958
Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Telen M. Waiches, M.D.</u>	22b. ADDRESS <u>Univ. Mo. Med Center</u>	22c. DATE SIGNED <u>9/2/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>
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24. FUNERAL DIRECTOR <u>Peckers Funeral Service Columbia</u>	25. DATE REC'D. BY LOCAL REG. <u>Sept 2 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5037-13

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 *Douglas P. Gorman*

Licensed Embalmer No. *5037*
P. O. Address *Columbia*

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.