

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028259
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 874

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri-COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City 3928 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2.		d. STREET ADDRESS 7919 Ward Parkway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) MAYME EDNA CLARK			4. DATE OF DEATH Month Day Year August 12, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1903
9. AGE (In years last birthday) 55		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 At home	11. BIRTHPLACE (City and state or country) Fessenden, North Dakota / 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Conrad Broader		13b. MOTHER'S MAIDEN NAME Marie (Unknown)	14. NAME OF HUSBAND OR WIFE E. E. Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address E. E. Clark Kansas City, 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) Extreme Cachexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Palsy DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 yr 15 yr
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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	
21. I attended the deceased from June 1957. to Aug. 12, 1958. and last saw her alive on Aug. 12, 1958. Death occurred at 8:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. E. H. M. M. D.		22b. ADDRESS State Hosp. #2, St. Joseph, Mo.	
		22c. DATE SIGNED 8-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 14, 1958.	
23c. NAME OF CEMETERY OR CREMATORY Arapahoe Cemetery		23d. LOCATION (City, town, or county) (State) Arapahoe, Nebraska.	
24. FUNERAL DIRECTOR (Licensed Embalmer's Statement on Reverse Side) J. E. Fleeman, St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug 15, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Stoddell			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5-300
1-57
2

54
0

SEP 23 1958

SEP 10

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 *Edward P. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *H. Joseph*

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.