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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035847
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 211 W. McCarty St. — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print) First Middle Last: Mrs. Josapha Philipina Clark

4. DATE OF DEATH Month Day Year: November 2, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 6, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months 6 Days 26 — 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: Own
11. BIRTHPLACE (City and state or country): Wardsville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frank Feind
13b. MOTHER'S MAIDEN NAME: Annie Nelgis
14. NAME OF HUSBAND OR WIFE: Theodore M. Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 490-09-7400
17. INFORMANT: Theodore M. Clark — Address: 211 W. McCarty J.C., 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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive CV Disease — 7 years
DUE TO (c) 443XH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adenocarcinoma of the Uterus
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1-28-55, to 11/2/58 and last saw her/him alive on 11/2/58
Death occurred at 5:15 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John J. Nauhews MD
22b. ADDRESS: 302 Bolivar
22c. DATE SIGNED: 11-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 4, 1958
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Victor Buschu JCMo
25. DATE RECD. BY LOCAL REG.: 3 Nov. 1958
26. REGISTRAR'S SIGNATURE: R. P. Dorris, MD-NR

(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.

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NOV 17 1958

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address JCMO

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.