Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043650
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Monroe Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 Mi. S. Gallatin — Length of stay in Ib 8 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Rural Monroe Twp. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6 Mi. S. Gallatin — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Garland Middle Woodrow Last Clark

4. DATE OF DEATH Month December Day 20 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH May 3, 1915

9. AGE (In years last birthday) 43 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Labor
11. BIRTHPLACE (City and state or country) Dekalb Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louie Clark
13b. MOTHER'S MAIDEN NAME Lena Barker
14. NAME OF HUSBAND OR WIFE ---

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 Mrs. Lena Clark, Address Gallatin, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Carcinoma R. Mandible — 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) + adjacent tissues
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Sept 58, to 12-20-58 and last saw him alive on 12-19-58
Death occurred at 5 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd E. Nelson M.D. (Degree or title) **22b. ADDRESS** Gallatin, Mo. **22c. DATE SIGNED** 12/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 12-22-58
23c. NAME OF CEMETERY OR CREMATORY Creekmore Cemetery
23d. LOCATION (City, town, or county) Gallatin, Mo. (State)

24. FUNERAL DIRECTOR Hope Funeral Home **ADDRESS** Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 12-29-58
26. REGISTRAR'S SIGNATURE Virgil M. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.