

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
3 1 6

59-002632  
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. 3059 Registrar's No. 20

5. 300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre</b> <u>0940</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in lb <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>Rt 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>N ANNIE ( SIKES ) CLARK</b> First Middle Last				4. DATE OF DEATH Month Day Year <b>Jan 17, 1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 28, 1892</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>11 19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>*</b>		11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo. c</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Sikes</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Pullen</b>			14. NAME OF HUSBAND OR WIFE <b>Elmer F Clark Sr</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>*</b>		17. INFORMANT Address <b>Virginia Stegall Bonne Terre, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of uterus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic bronchitis.</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> WORK <input type="checkbox"/> 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 <b>July 30, 1954</b> to <b>Jan. 13, 1959</b> and last saw her <sup>him</sup> alive on <b>Jan. 13, 1959</b> Death occurred at <b>9:20</b> a <b>a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <i>Jack W. Pullen M.D.</i>				22b. ADDRESS <b>Bonne Terre, Missouri</b>		22c. DATE SIGNED <b>1/19/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1 19 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marvin Chapel Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>BOYER &amp; SON Bonne Terre, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 23, 1959</b>		26. REGISTRAR'S SIGNATURE <i>Catherine Rudloff</i>	

*Mr. Jack Mullen*

**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 *B. T. Boyer Sr.* .....  
B. T. Boyer Sr.

Licensed Embalmer No. .... 3660

P. O. Address Desloge, Mo. ....

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.