

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002819  
STATE FILE NUMBER 758

FILED FEB 10 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S INF.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4715 McMillan
3. NAME OF DECEASED (Type or print) First Middle Last D. R. W. H. G. CLARK			4. DATE OF DEATH Month Day Year 1-20-1959
5. SEX MALE	6. COLOR OR RACE colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80 FUNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Desoto cty MISS'		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GULLIVER CLARK		13b. MOTHER'S MAIDEN NAME DULCIE ?	14. NAME OF HUSBAND OR WIFE ELAINE 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.	17. INFORMANT Address MRS ELAINE CLARK 4715 McMillan
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>Cardiac Decompensation</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1. Atherosclerotic changes of leg; Prostatic Hypertrophy</u>			INTERVAL BETWEEN ONSET AND DEATH 1 hour
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 <u>1-14-59</u> to <u>1-20-59</u> and last saw <sup>him</sup> alive on <u>1-19-59</u> Death occurred at <u>2:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Merle B. Henneford M.D.		22b. ADDRESS 918 <sup>th</sup> N. Taylor	22c. DATE SIGNED 1/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-26-59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS cty MO
24. FUNERAL DIRECTOR ADDRESS A. F. WALTON 2707 STODDARD ST		25. DATE REC'D. BY LOCAL REG. JAN 23 59	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

Health, Welfare  
Public Service

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-57  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I

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 *W. Claude Gordon* .....

Licensed Embalmer No. *3489* .....  
P. O. Address *4575 Aldine* .....

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.