

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005118
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 211

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns Hosp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ava c.346
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Ruby Jewell Clark			4. DATE OF DEATH Month Day Year Feb. 26, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16, 1923	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY? 9 USA
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13a. FATHER'S NAME Frank Sink	13b. MOTHER'S MAIDEN NAME Bessie Priest	14. NAME OF HUSBAND OR WIFE Cecil Clark
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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 Cecil Clark, Ava, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Measles (Suicidal)		INTERVAL BETWEEN ONSET AND DEATH 5	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremic Poisoning		2
	DUE TO (c) Heart Failure		0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C85C		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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
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21. I attended the deceased from Death occurred at 6: P. M. Feb 23/59 to Feb 26/59 and last saw her alive on Feb 26/59 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Box 415 Ava, Mo.	22c. DATE SIGNED Mar 5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-59	23c. NAME OF CEMETERY OR CREMATORY Murray	23d. LOCATION (City, town, or county) (State) Squires, Missouri
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24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.	25. DATE RECD. BY LOCAL REG. 3-6-59	26. REGISTRAR'S SIGNATURE Effie G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in their reports. No symptoms will be listed. 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

Lytle C. Glickinger

Licensed Embalmer No. 4830

P. O. Address Quincy, 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.