

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010138
STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ten Mile</u>		c. CITY OR TOWN <u>ANABEL</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME REF ANABEL</u>		d. STREET ADDRESS (If outside, give location) <u>ANABEL RFD</u>	

3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>D</u> Last <u>CLARK</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>20</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 20, 1984</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>1-AIRMAN-IP</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>LEONARD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JOHN CLARK</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA SWINEY</u>	14. NAME OF HUSBAND OR WIFE <u>GABIE CLARK</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>444-44-1831</u>	17. INFORMANT <u>MRS MILTON CLARK</u> Address <u>ANABEL MO</u>

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>Brain Completely Destroyed.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) <u>Right Top & Side of Skull</u> (c) <u>blown Away 16G. Shot Gun</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Self Inflicted Gunshot</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>7:00</u> a.m. _____ p.m. _____ Month, Day, Year <u>MAR 20 59</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>ANABEL</u>	COUNTY <u>MACON</u>	STATE <u>MO</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Leslie Sutton Coroner</u>	22b. ADDRESS <u>MACON MO.</u>	22c. DATE SIGNED <u>MAR. 28 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-22-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>
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24. FUNERAL DIRECTOR <u>GREENING</u>	ADDRESS <u>CLARENCE MO</u>	25. DATE RECD. BY LOCAL REG. <u>3/30/59</u>	26. REGISTRAR'S SIGNATURE <u>Walter M. Neely</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated.

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 *Charles V. Green*

Licensed Embalmer No. *4625*
P. O. Address *Clarence 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.