

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010538

STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 297 Primary Registration District No. 4022 Registrar's No. 34

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.R.#2 Richmond | | c. CITY OR TOWN 0890 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co Hosp | | d. STREET ADDRESS (If outside, give location) _____ | |
| Length of stay in lb 2 1/2 hrs | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | | |
|---|-------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Joyce Middle _____ Last Clark | | | 4. DATE OF DEATH Month 2 Day 27 Year 59 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 2/27/59 | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours 2 Min. 30 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Ray County Hospital | | |
| 13. FATHER'S NAME John Willis Clark | | | 14. MOTHER'S MAIDEN NAME Helen Mae Cox | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT _____ Address _____ | | |

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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) Py ematosis | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours |
| 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) | | | |

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|---|--|---|--|---|--|
| 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.) 776X | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____ | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 **2-27-59 1:15**, to **2-27-59 2:50pm** and last saw her alive on **2-27-59**
Death occurred at **2:50 p.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | | | | |
|--|--|-------------------------------------|--|------------------------------------|--|
| 22a. SIGNATURE (Degree or title) Thomas B. Goff M.D. | | 22b. ADDRESS Richmond Mo. | | 22c. DATE SIGNED 2/28/59 | |
|--|--|-------------------------------------|--|------------------------------------|--|

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|--|--|------------------------------|--|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3-1-1959 | | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem | | 23d. LOCATION (City, town, or county) (State) Raymer Mo | |
|--|--|------------------------------|--|--|--|---|--|

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|---|--|--|--|--|--|
| 24. FUNERAL DIRECTOR Father took care of disposition Gene Michael F. D. Bradner | | 25. DATE RECD. BY LOCAL REG. 3-10-1959 | | 26. REGISTRAR'S SIGNATURE Malcol Jackson | |
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Licensed Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00 06 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.