Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018525
STATE FILE NUMBER

FILED MAY 28 1959 Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY: Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Stella — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: Stella — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardwell Mem. — Length of stay in Hospital: 8 Hr.	d. STREET ADDRESS (If outside, give location): Rt. 2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Robert Middle: Lee Last: Clark				4. DATE OF DEATH Month: 4 Day: 2 Year: 1959
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 9-25-1945	9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home	10b. KIND OF BUSINESS OR INDUSTRY: —		11. BIRTHPLACE (City and state or country): Jane, Mo	12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Vernon Clark	13b. MOTHER'S MAIDEN NAME: Joyce Lamb		14. NAME OF HUSBAND OR WIFE: —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None		17. INFORMANT: Vernon Clark Address: Stella Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Trauma & Hemorrhage crushed right arm & right chest — 7 hrs

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9121 46

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Clothes became entangled in shaft of large power saw and wrapped patient around shaft — crushing right arm & chest
20c. TIME OF INJURY: Hour 5 a.m. p.m. Month, Day, Year 4/1/59	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm — 20f. CITY, TOWN, OR LOCATION: — COUNTY: McDonald Co STATE: Mo

21. I attended the deceased from 5 Pm 4/1/59, to midnight and last saw her/him alive on 4/2/59. Death occurred at 12/55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L.P. Fountain (Degree or title): D.O.	22b. ADDRESS: Noel Mo	22c. DATE SIGNED: 5/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4-5-1959	23c. NAME OF CEMETERY OR CREMATORY: Jane Cem.	23d. LOCATION (City, town, or county) (State): Jane Mo
24. FUNERAL DIRECTOR: Humphrey & Son F. Home ADDRESS: M.H. Noel Mo.		25. DATE RECD. BY LOCAL REG.: 5-15-59.	26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. [illegible]
District File Number 259-86
Date Filed MAY 26 1959

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 T. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.