

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020947

STATE FILE NUMBER

DECEASED JUN 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 691

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hospital		Length of stay in 1b 10 years	d. STREET ADDRESS (If outside, give location) 1617 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE ROOSEVELT CLARK			4. DATE OF DEATH Month Day Year June 24, 1959
5. SEX Male	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 13 Aug. 1900
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Clark	
13b. MOTHER'S MAIDEN NAME Alberta Hasler		14. NAME OF HUSBAND OR WIFE Cloe Clark,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give number of years of service) no none		16. SOCIAL SECURITY NO.	
17. INFORMANT 1617 Washington Avenue, Cloe Clark, Springfield, Missouri.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Cardio-Megaly DUE TO (c) _____ 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)	
INTERVAL BETWEEN ONSET AND DEATH 7 days		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.)	
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 5/16/59 to 6/24/59 and last saw ^{him} alive on 6/24/59 Death occurred at 10:52 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Lyman D. Brown M.D.		22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 6/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 26 June 1959	23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri.
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE Effie S. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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. (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.