

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002644

FILED VS JAN 14 1960

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDWELL-MEMORIAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDONALD</u> c. CITY OR TOWN <u>Rocky Comfort</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RFD.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bert</u> <u>Cloud</u>			4. DATE OF DEATH Month Day Year <u>Jan</u> <u>3</u> - <u>1960</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>Sept. 25-93</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>MARK CLOUD</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN VIRGINIA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Cloud</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>492-428755</u>	17. INFORMANT Address <u>Myrtle Cloud Rocky Comfort Mo Rd</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>Cerebral paralysis</u> DUE TO (b) <u>massive cerebral hemorrhage</u> DUE TO (c) <u>malignant hypertension 270/140</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>23 hrs.</u> <u>1 yr.</u>		
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 a.m. p.m. Month, Day, Year		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 <u>8/12/52</u> to <u>1/3/60</u> and last saw him alive on <u>1/3/60</u> Death occurred at <u>8:00 P.m.</u> on the date stated above, and to the best of my knowledge; from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>			22b. ADDRESS <u>Box 96, Wheaton, Mo.</u>		22c. DATE SIGNED <u>1/4/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>		23d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>McQueen Funeral Home Wheaton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Medred Moberly</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville

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.