

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-007343

FILED VS MAR 8 1960 District No. 26 Primary Registration District No. 4338 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in lb 25 years		c. CITY OR TOWN Monroe City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 420 South Washington			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 420 South Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Oscar Clark				4. DATE OF DEATH Month Day Year February 27, 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/2/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auto Dealer		10b. KIND OF BUSINESS OR INDUSTRY Ford Dealer		11. BIRTHPLACE (City and state or country) Duncans Bridge Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Salem Clark			13b. MOTHER'S MAIDEN NAME Mary Scott		14. NAME OF HUSBAND OR WIFE Nancy Clark, Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 327 05 4i61		17. INFORMANT Address Robert Clark Monroe City Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver							INTERVAL BETWEEN ONSET AND DEATH 2 Years	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 checked="" 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 Sept 19, 1958 to Feb 27 1960 and last saw her alive on Feb 27 1960 Death occurred at 3:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John A. Miller M.D.</i>				22b. ADDRESS Monroe City Missouri			22c. DATE SIGNED 2/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/1/1960	23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery		23d. LOCATION (City, town, or county) (State) Monroe City Missouri			
24. FUNERAL DIRECTOR ADDRESS Harold Garner, Monroe City Mo				25. DATE RECD. BY LOCAL REG. Mar. 3-1960	26. REGISTRAR'S SIGNATURE <i>Elsie Miller</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961
T NMP

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 Walter Harmon

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.