

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS FEB 16 1960

60-007737

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 22

|  |   |   |  |  |   |  |
|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Richmond Township</u>  |   | Length of stay in 1b<br><u>2 months</u>   | c. CITY OR TOWN <u>Richmond</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>149 S. Institute</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>MARY FRANCES CLARK</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb. 1, 1960</u>  |  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>4/21/1873</u>                 | 9. AGE (last birthday)<br><u>86</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Millville, Missouri</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>         |   |  |
| 13a. FATHER'S NAME<br><u>Charles F. Bates</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary V. Lamar</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>James A. Clark</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br>Address<br><u>Miss Leone Clark, Richmond, Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic PNEUMONIA</u><br>DUE TO (b) <u>CVA.</u><br>DUE TO (c) <u>Arterio-sclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 wks</u>                                      |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>a.m. _____<br>p.m. _____  |   |   |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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>JAN-60</u> to <u>FEB 1-60</u> and last saw her alive on <u>2-1-60</u><br>Death occurred at <u>10:25 p.</u> m on the date stated above and to the best of my knowledge, from the causes stated.   |   |   |  |  |   |  |
| 22a. SIGNATURE<br><u>E. B. Jay</u> (Degree or title) <u>MD</u>   |   |   | 22b. ADDRESS<br><u>Richmond, Mo.</u>   |  | 22c. DATE SIGNED<br><u>2-3-60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Feb. 3, 1960</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunny Slope Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Richmond, Mo.</u>  |  |   |  |
| 24. FUNERAL DIRECTOR<br><u>Thurman Funeral Home, Richmond, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>2-9-1960</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Malcol Jackson</u>   |  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1980

APR 5 STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Rocky Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Levant Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.