

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =60-019933

## FILED VS MAY 17 1960

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. \_\_\_\_\_ Registrar's No. 81

ENDED

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Laclede</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eldridge</b>		Length of stay in 1b <b>56 Yrs.</b>		c. CITY OR TOWN <b>Eldridge</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Eldridge</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Eldridge</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>JOE</b>			First <b>S.</b> Middle <b>CLARK</b> Last		4. DATE OF DEATH <b>May 6, 1960</b>			Month <b>May</b> Day <b>6</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-20-04</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <b>Electrician</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Laclede County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Fielding Clark</b>			13b. MOTHER'S MAIDEN NAME <b>Lucie Clark</b>			14. NAME OF HUSBAND OR WIFE <b>Della Clark</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>496-24-1299</b>		17. INFORMANT Address <b>Mrs. Joe Clark Eldridge, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b>							5/ min		
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 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 <b>May 1959</b> <b>9:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>May 6 1960</b> and last saw her/him alive on <b>May 6 1960</b>									
22a. SIGNATURE <i>J. Bohrer</i> (Degree or title) <b>O. L. BOHRER, D. O.</b>				22b. ADDRESS <b>Lebanon, Missouri</b>				22c. DATE SIGNED <b>5/9/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-9-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hufft Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Laclede County Mo.</b>			
24. FUNERAL DIRECTOR <i>S. R. Palmer</i> ADDRESS <b>Lebanon, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5-9-1960</b>		26. REGISTRAR'S SIGNATURE <i>Della L. May</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1961

STATEMENT BY LICENSED EMBALMER

MAY 24 1960

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 Stanleigh B. Pab

Licensed Embalmer No. 4810

P. O. Address Lebanon

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.