URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

60-026775

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3846

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 46 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3540 WABASH AVENUE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle BLAINE Last CLARK
4. DATE OF DEATH: Month JULY Day 25 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: OCT. 26, 1894
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (City and state or country): KNOXVILLE, IOWA
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JAMES B. CLARK
13b. MOTHER'S MAIDEN NAME: EMMA BYE
14. NAME OF HUSBAND OR WIFE: MRS. MARY CLARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 495-07-4605
17. INFORMANT: MRS. R. T. MALONE Address: 3621 WEST 73RD STREET PRAIRIE VILLAGE, KS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Colon — 1½ yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6, 1955, to July 25, 1960 and last saw him alive on July 24, 1960
Death occurred at 5:20 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin P. Hunter (Degree or title) M.D.
22b. ADDRESS 1408 Wildheim Bldg
22c. DATE SIGNED 7/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JULY 27, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or County) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 7-26-60
26. REGISTRAR'S SIGNATURE: Merna Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Martin P. Hunter DOCUMENT

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_____ Signed Chester K Bro

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address K Cu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.