

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026115

Registration District No. 251

Primary Registration District No. 4296

Registrar's No. 149

STATE FILE NUMBER

AMENDED

11 FEB AUG 7 1961

F. PLACE OF DEATH

a. COUNTY **Nodaway**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Clearmont** Length of stay in 1b **5 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Wallin Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Worth**
 c. CITY OR TOWN **Sheridan** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Ruth** Middle **Clark** Last **Clark** 4. DATE OF DEATH Month **June** Day **20** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9-6-1884** 9. AGE (last birthday) **76** IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Housekeeper** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Hamilton, Iowa** 12. CITIZEN OF WHAT COUNTRY **U. S.**

13a. FATHER'S NAME **Arza Lyman** 13b. MOTHER'S MAIDEN NAME **Mary Frances McGruder** 14. NAME OF HUSBAND OR WIFE **Grant Clark**

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. **None** 17. INFORMANT Address **Mrs. Vivian Garrard - Parnell, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic Cardiovascular Disease** INTERVAL BETWEEN ONSET AND DEATH **5yrs**
 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) **Diabetes Mellitus** 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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.) **1950** 20f. CITY, TOWN, OR LOCATION **June 20, 1961** COUNTY **Worth** STATE **Missouri**

21. I attended the deceased from _____ to _____ and last saw her/him alive on **12 June 61**
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Frank B Matteson M D* (Degree & title) 22b. ADDRESS **Grant City, Mo** 22c. DATE SIGNED **7/23/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **June 23, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Sheridan Cemetery** 23d. LOCATION (City, town, or county) **Sheridan, Missouri**

24. FUNERAL DIRECTOR *Bill A Dungee* ADDRESS *Grant City, Mo.* 25. DATE RECD. BY LOCAL REG. **7-31-61** 26. REGISTRAR'S SIGNATURE *Beas Hall*

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

STATEMENT BY LICENSED EMBALMER

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 Bill Arch Dunfee

Licensed Embalmer No. 4908

P. O. Address Brook City,

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.