

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049307

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 241

FILED JAN 4 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1/085				
2/085				
3				
4 1				
5 2				
6				
7 0				
8 2				
9331X				
10				
11				
12 86-0				
13 1-0				
BY AFFIDAVIT OF		SHOULD READ	ITEM NO.	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 36 yrs		c. CITY OR TOWN Nevada,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tate N. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dade Middle Dora Last Clark			4. DATE OF DEATH Month December Day 30 Year 1962		
5. SEX Female	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 Sep. 22-79	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Montrose, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME William W. Adamson		13b. MOTHER'S MAIDEN NAME Eliza Finks	
14. NAME OF HUSBAND OR WIFE Homer J. Clark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input type="checkbox"/> X <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/>			
16. SOCIAL SECURITY NO. None		17. INFORMANT Address William H. Clark. Ferguson, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral vascular accident					5 hrs
DUE TO (b) Cerebral arteriosclerosis					Unknown
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Sept. 1954 to Dec. 1962 and last saw him alive on Dec. 30 1962 Death occurred at Nevada, Mo. 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L.F. McCann, M.D.</i>			22b. ADDRESS Moore Bldg., Nevada, Mo.		22c. DATE SIGNED 12/13/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/2/63	23c. NAME OF CEMETERY OR CREMATORY Newton		23d. LOCATION (City, town, or county) (State) Nevada, Mo.
24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. Dec 31st - 1962		26. REGISTRAR'S SIGNATURE <i>Anna & Jerry</i>	

JAN 9 1963

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 *Lloyd C. McCall*

Licensed Embalmer No. 4853

P. O. Address Stevens, 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.