

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048540
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 211

FILED DEC 29 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phillips</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		Length of stay in lb <u>2 1/2 years</u>	c. CITY OR TOWN <u>Edgar Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Longs Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Edgar Springs, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Evaline</u> Last <u>Clark</u>			4. DATE OF DEATH Month <u>December</u> Day <u>19</u> Year <u>1963</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-85</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Edgar Springs, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Mathis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mathis</u>	14. NAME OF HUSBAND OR WIFE <u>John D. Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of serv)	17. INFORMANT Address <u>Mo. Mrs. Ewing Prewitt-Bennetts Spring</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u>
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 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.)
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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 _____
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21. I attended the deceased from 1962 to Dec. 1963 and last saw her alive on Dec. 17, 1963
Death occurred at 12.05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Carrington M.D.</u>	(Degree or title)	22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>12-20-63</u>
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23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial & Removal-12-23-63</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	23d. LOCATION (City, town, or county) <u>Parsons Kansas</u>
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24. FUNERAL DIRECTOR <u>Charles F. Tyler, Lebanon Mo</u>	ADDRESS <u>Palmer Funeral Home-Lebanon, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-21-1963</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>
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DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
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 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
 MEDICAL CERTIFICATION

012810-012

STATE OF MISSOURI

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Lebanon 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.

Permit issued 12-21-1963. M.R.M.