

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008397  
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

130

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>JEFFERSON City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>703 BUENA VISTA</u>	
Length of stay in 1b <u>10 days</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>CLIFFORD</u> Last <u>CLARK</u>		4. DATE OF DEATH Month <u>3</u> Day <u>20</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-26-13</u>
9. AGE (In years) Last birthday <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>	
11. BIRTHPLACE (City and state or country) <u>SUMMERFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES Wm. CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>ELAH GREEN</u>	
14. NAME OF HUSBAND OR WIFE <u>GERTRUDE CLARK</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>499-03-752</u>		17. INFORMANT Address <u>HOSPITAL RECORD</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest (fibrillation)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Aortic valvulotomy thru left ventricle</u> DUE TO (c) <u>for Aortic Stenosis (Rheumatic)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>2 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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 <u>3:30</u> Month, Day, Year <u>3/20/59</u> a.m. <u>pm</u>	
20d. INJURY OCCURRED WHILE AT <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 <u>3/10/59</u> to <u>3/20/59</u> and last saw her alive on <u>3/20/59</u> Death occurred at <u>3:30 pm</u> - pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Earl J. Wipfler, Jr., M.D.</u>		22b. ADDRESS <u>U. of Mo. Medical Center</u>	
22c. DATE SIGNED <u>3/20/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Mar 23rd '59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New City Cemetery</u>	
23d. LOCATION (City, town, or country) <u>California, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 23 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No abbreviations will be accepted. All diseases in Part I must be causally related.

MS  
MAR 30 1959

### 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

*Donald T. Freeman*

Licensed Embalmer No. *4623*

P. O. Address *Amo*

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.