

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9872

State File No.

FILED MAR 23 1956

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> b. CITY OR TOWN <u>California</u> c. LENGTH OF STAY (in this place) <u>0</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>rural</u> <u>Walker</u> d. STREET ADDRESS <u>I 1/2 mi. W. of California</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Clark</u> (Type or Print)			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>13</u> (Year) <u>1956</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, MARRIED, DIVORCED <u>never married</u>			
8. DATE OF BIRTH <u>Jan. 14, 1866</u>		9. AGE (In years last birthday) <u>90</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>			
13a. FATHER'S NAME <u>Oscar Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harden</u>		14. NAME OF HUSBAND OR WIFE <u>Roscoe Bratten</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Bratten</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute upper respiratory infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u> DUE TO (c) <u>Rheumatoid Arthritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>15 years</u> <u>20 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1, 1956</u>, to <u>March 13, 1956</u>, that I last saw the deceased alive on <u>March 12, 1956</u>, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgar A. Kibbe M.D.</u>			23b. ADDRESS <u>218 N. Oak California</u>		23c. DATE SIGNED <u>3/14/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Defoe</u>			
24d. LOCATION (City, town, or county) <u>California</u> (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.E. Wilson</u> ADDRESS <u>California, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3/16/56</u>		REGISTRAR'S SIGNATURE <u>H. L. Papay</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

A. E. Wilson

Signed _____

Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.