

MILED NOV 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **38481**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6074** Registrar's No. **342**

1. PLACE OF DEATH

a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Leadwood**

c. LENGTH OF STAY (In this place) **9 Years**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Leadwood**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **St. Francois**

c. CITY OR TOWN **Leadwood**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **0940**

3. NAME OF DECEASED

a. (First) **Elizabeth** b. (Middle) **Clark** c. (Last) **Clark**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 4, 1954**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **Feb. 1, 1867**

9. AGE (In years last birthday) **87** **10. MONTHS** **10** **11. YEARS** **3** **12. IF UNDER 12 HRS.** **0** **13. IF UNDER 12 MINS.** **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **David Easter** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **William 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. **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Ralph Green** **ADDRESS** **Leadwood, Missouri**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

19. MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture of left hip**

ANTECEDENT CAUSES

DUE TO (b) **Cerebral Thrombosis**

DUE TO (c) **Generalized arteriosclerosis with atherosclerotic cardiovascular disease**

II. OTHER SIGNIFICANT CONDITIONS **with atherosclerotic cardiovascular disease**

INTERVAL BETWEEN ONSET AND DEATH **5 30 day**

19a. DATE OF OPERATION **none** **19b. MAJOR FINDINGS OF OPERATION** **none** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** **21c. CITY, TOWN, OR TOWNSHIP** (COUNTY) (STATE) **Leadwood St. Francois Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Oct 30/1954 9:00** **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **Slipped & fell in house**

22. I hereby certify that I attended the deceased from Oct 4, 1954, to Nov 7, 1954, that I last saw the deceased alive on Oct 30, 1954 and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Hunt M.D.** **23b. ADDRESS** **Leadwood, Mo** **23c. DATE SIGNED** **11/7/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **11/6/54** **24c. NAME OF CEMETERY OR CREMATORY** **Adams Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Francois County, Mo.**

DATE REC'D BY LOCAL REG **Nov. 7, 1954** **REGISTRAR'S SIGNATURE** **Ethel Rudloff** **2450** **25. FUNERAL DIRECTOR'S SIGNATURE** **But & Boyer** **ADDRESS** **Leadwood, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Bayer.....

Licensed Embalmer No. 472
P. O. Address Leewood.....

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.