

124 71 0034807

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 1
10a. 55
10b.
11. 0
12. 1
13. 410.0
14.
15. 4
16.
17.
18. 3
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0100
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. <u>34</u>		Primary Registration District No. <u>5117</u>		Registrar's No. _____	
DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Viola Lea Clark</u>			2. <u>Female</u>	3. <u>September 23, 1971</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>55</u>	6. <u>Sept. 11, 1916</u>		7a. <u>Boone</u>
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <u>Hartsburg</u>			7d. <u>Route 1</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>USA</u>	10. <u>Married</u>		11. <u>Victor E. Clark, Sr.</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. <u>Never Had One</u>		13a. <u>Homemaker</u>		13b.	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. <u>Missouri</u>		14b. <u>Boone</u>	14c. <u>Hartsburg</u>		14d. <u>No</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		14e. <u>Route 1</u>	
15. <u>Fred Heflin</u>		16. <u>Vernie Jefferies</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>Victor E. Clark, Sr.</u>			17b. <u>Route 1 Hartsburg, Missouri</u>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE					
(a) <u>Acute Myocardial Infarction</u> 45 Min					
(b) <u>Arteriosclerotic Heart Disease</u> 4 Yrs					
(c) <u>Hypertension</u> 5 Yrs					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))					
<u>Obesity</u>					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. <u>No</u>		20b. _____	20c. _____	20d. _____	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e. _____		20f. _____	20g. _____		20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH	
1. ATTENDED THE DECEASED FROM		MONTH DAY YEAR		MONTH DAY YEAR	
21a. <u>3 18 1969</u>		21b. <u>9 2 71</u>		21c. <u>9 2 71</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22a. <u>Coroner Notified</u>					
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. _____		23b. <u>Dr. J. E. Queen</u>		23c. <u>MD</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
23d. _____		23e. <u>Ashtland</u>		23f. <u>Mo 65010</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. <u>Removal--Burial</u>		24b. <u>City Cemetery</u>		24c. <u>California, Missouri</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>9-26-1971</u>		24e. <u>Williams Funeral Home 211 S. Oak Calif., Mo. 65018</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>[Signature]</u>		25b. <u>Mildred Burnett</u>		25c. <u>Sept 24, 1971</u>	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

1261 - 9100

NOV 15 1971

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 Wm. A. Woodard

Licensed Embalmer No. 5172

P. O. Address Springfield, 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.