## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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**265-043293** 

DEP	ARTM	2.4 .	<b>U</b>	UBL	C HEALTH AND W	ELFARE 17		20	.11.	1191		ILE NUMBER
DO NOT WRITE		AMENI			Acgranation planter 140.		mary Registration D	District No. 30	Registrar's N	10. <u>+ 11</u>		
ON THIS STUB	•				1. PLACE OF DEATH	6.1985			li 2 USUAL RESID	ENCE (Where dec	eased lived. If institu	rtion: Residence before
VS 300	وا ا				a. COUNTY	Cole			31	issouri «		admission)
Rev. 4/59			11	-	b. CITY (If outside co	orporate limits, give TOWN	SHIP only) (	Length of stay in 1b	c. CITY	<del></del>		Inside Limits
	AMENDED				town Jef	ferson City	<i>r</i> '	7hr.53mir	c. CITY OR TOWN	Centerto	wn	Yes 🔯 No 🗆
10269	l la⊓		1	-	c. FULL NAME OF (IF	NOT in hospital, give loca	ition)	Inside Limits	A STREET	(If	cutside, give location	Reside on Farm
2 0260	S DATE,			]_	HOSPITAL OR MINSTITUTION M	lemorial Con	munity	Yes 🔀 No 🗆	A PORTS F	P. O. Bo	x_106	Yes 🗋 No 💢
3	<u> 2                                   </u>	<del>                                     </del>	+	-	3. NAME OF DECEASED	) First	Mi	ddla	Last	I 4. DATE		Day Year
					(Type or print)	Cara	Le	e	Clark	OF DEATH		29, 1965
4				1-	5. SEX	6. COLOR OR RACE	7. Married 🗆	Never Married 🔀	8. DATE OF BIRT	rH 9. AGE (last	birthday) IF UNDER 1	YEAR IF UNDER 24 HR
5 <b>O</b>					<u>fe</u> male	white	Widowed	Divorced 🗀	11/29/6			Pays Hours   Wis
	ပ္သ		1 1	] ¬		(Give kind of work done ng life, even if retired)	10b. KIND OF BU	JSINESS OR INDUSTR	T - C.C.	E (City and state or	country) 12. CITIZE	N OF WHAT COUNTRY
					non		1.00			son City		
<sup>7</sup> 0	FOLLOW				36. FATHER'S NAME	Clank		iher's maiden naw da Mack			IAME OF HUSBAND OR	WIFE
8 /	S S					R IN U.S. ARMED FORCES?	I	IAL SECURITY NO.	17. INFORMANT		none	
97/0/	₹				(es, no, or unknown)   (If	yes, give war or dates of	1	none		Clark -	Centerto	wn. Mo.
·	ARE			:   -	18. CAUSE OF DEATH	(Enter only one cause per	line for (a), (b), ar	nd (c).				I INTERVAL BETWEEN
10	_				PARI I.	DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a		tania.	bulate	0		ONSET AND DEATH
11	S 0		=	: 1								
	O IO	1		6		•		tour to	·	yor,m	-	atom
12 2 - 0	RECORD EAD OF				Conditio	ons, if any, ) DUE TO (		matrex	ity	401, m		a a a a a a a a a a a a a a a a a a a
12 72 /)					which g above	ave rise to cause (a),		matres	ity	<del></del>		
133-2	THIS				which g above stating lying c	ave rise to cause (a), the under- ause last. DUE TO (	6) <u>Gre</u>	mater	cty			a a a a a a a a a a a a a a a a a a a
133-2				NOI	which g above stating lying c	ave rise to cause (a), the under-	c)ONDITIONS CONT	mater	cty		PART III. If decer	assed was female was pregnancy in last 90 days.
133-0	ON THIS			CATION	which g above stating lying c	ave rise to cause (a), the under- ause last. DUE TO (	c)ONDITIONS CONT	mater	cty			
133-0	ON THIS			RTIFICATION	which g above stating lying c PART II	eve rise to cause (a), the under-tause last. DUE TO (  OTHER SIGNIFICANT C disease condition given	c)ONDITIONS CONTIN PART I (a)	mater	H but not related	to the terminal	there a p	Dregnancy in last 90 days.  ☐ No ☐ Unknown
133-0	ON THIS			L CERTIFICATION	which g above stating lying c PART II	cause (a), the under- cause (a), the under- cause last. DUE TO ( . OTHER SIGNIFICANT C disease condition given	c) ONDITIONS CONT	mater	H but not related	to the terminal	there a r	Dregnancy in last 90 days.  ☐ No ☐ Unknown
133-2	ON THIS			CAL CERTIFI	which g above stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NO   20c. TIME OF Hour INJURY a.m.	eve rise to cause (a), the under-tause last. DUE TO (  OTHER SIGNIFICANT C disease condition given	c)ONDITIONS CONTIN PART I (a)	mater	H but not related	to the terminal	there a r	Dregnancy in last 90 days.  ☐ No ☐ Unknown
123-0 133-2	THIS			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF INJURY a.m. p.m.	Amonth, Day, Year	C)ONDITIONS CONTIN PART I (a)	TRIBUTING TO DEAT	TH but not related	to the terminal  ED. (Enter nature o	f injury in PART I or P.	oregnancy in last 90 days.  No Unknown  ART II of item 18.)
123-0 133-2	ON THIS			CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO ON NUTURY OCCURRING WHILE AT WORK	Amonth, Day, Year	C)ONDITIONS CONTIN PART I (a)	TRIBUTING TO DEAT	H but not related	to the terminal  ED. (Enter nature o	there a r	Dregnancy in last 90 days.  ☐ No ☐ Unknown
RIBBON RIBBON	AMENDMENTS ON THIS			CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 1  20c. TIME OF HOUT A.M. p.m.  20d. INJURY OCCURRING WHILE AT WORK NOT WHILE AT V	AMORK	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office	TRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, O	to the terminal  ED. (Enter nature o	f injury in PART I or P	ART II of item 18.)
RIBBON RIBBON	READ AMENDMENTS ON THIS INSTI		I JOA	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DOWN INJURY OCCURRING NOT WHILE AT WORK NOT WHILE AT VORK NOT WHILE	we rise to couse (a), the under-lause (a), the under-lause last. DUE TO (disease condition given  Month, Day, Year  MORK   20e. PLACE farm, were lasted from 1/2 2	ONDITIONS CONTINUE HOMICIDE	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, to bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, G	ED. (Enter nature o	there a property in PART I or Property in Pa	oregnancy in last 90 days.  No Unknown  ART II of item 18.)
RIBBON RIBBON	READ AMENDMENTS ON THIS INSTI		J. Od	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO ON OUT WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NO	we rise to couse (a), the under-ause (a), the under-ause last. DUE TO (disease condition given  20a. ACCIDENT SUICID  Month, Day, Year  ED 20e. PLACE WORK   20e. PLACE	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., fectory, street, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, to bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, O	ED. (Enter nature o	f injury in PART I or P	STATE
RIBBON RIBBON	READ AMENDMENTS ON THIS INSTI		I OF	MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DOWN INJURY OCCURRING NOT WHILE AT WORK NOT WHILE AT VORK NOT WHILE	we rise to couse (a), the under-ause (a), the under-ause last. DUE TO (disease condition given  20a. ACCIDENT SUICID  Month, Day, Year  ED 20e. PLACE WORK   20e. PLACE	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, to bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, G	ED. (Enter nature o	there a property the second of	oregnancy in last 90 days.  No Unknown  ART II of item 18.)
BLACK INK  OR  OR  RITER RIBBON	SHOULD READ INST			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES 20 NO 200. TIME OF INJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK WHILE AT WHILE AT WORK WHILE AT WHI	Average from 1/2 20e. PLACE farm, SWORK   100 couse (a), the under-lause last. DUE TO (a) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (couse last) DUE	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office or title)  Or injury (e.g., factory, street, office or title)	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, to bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, of the date stated above  22b. ADDRESS	ED. (Enter nature of the LOCATION and last saw here, and to the best of the LOCATION and the LOCATION the Loc	there a property in PART I or Property in Pa	STATE    22c. DATE SIGNED
RIBBON RIBBON	SHOULD READ INST			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO   20c. TIME OF HOUT NOT WHILE AT WORK NOT	Average from 1/2 20e. PLACE farm, SWORK   100 couse (a), the under-lause last. DUE TO (a) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (b) to the under-lause last. DUE TO (couse last) DUE	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office or title)  Tree or title)  23c. NAME C	TRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, of the date stated above  22b. ADDRESS  MATORY	ED. (Enter nature of the LOCATION and last saw her and to the best of the LOCATION and LOCATION the LOCATION the LOCATION and LOCATION the Location	there a property there as the there are the there as the there are the there are the there as the there are the the there are the the there are the	STATE    22c. DATE SIGNED
RIBBON RIBBON	READ AMENDMENTS ON THIS INSTI		AEEIDAVIT OF DOC!	MEDICAL CERTIFI	which go above stating lying coparts of the part of th	DUE TO (  Couse (a), the under- lause last.  OTHER SIGNIFICANT Codisease condition given  20a. ACCIDENT SUICID  Month, Day, Year  ED  WORK   20e. PLACE farm, 10ec  23b. DATE  Dec 2, 196	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., fectory, street, office or title)  Press OF INJURY (e.g., fectory)	TRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, to bidg., etc.)	TH but not related  W INJURY OCCURR  20f. CITY, TOWN, of the date stated above  22b. ADDRESS  MATORY	to the terminal  ED. (Enter nature of the LOCATION  and last saw here, and to the best of the LOCATION  Center	COUNTY  COUNTY  live on 11-29- of my knowledge, from (City, town, or county)	STATE    22c. DATE SIGNED

, Student Embalmer No.\_\_\_\_

STATEMENT BY NICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, working under my personal supervision. Signed\_ Signature of Student Embaliner Licensed Embalmer No.\_\_\_\_

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.