

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2684**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>RAY</u> b. CITY OR TOWN <u>ORRICK</u> c. LENGTH OF STAY (in this place) <u>LIFETIME</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORRICK, MISSOURI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u> c. CITY OR TOWN <u>ORRICK</u> d. STREET ADDRESS <u>W. FRONT STREET</u>	
3. NAME OF DECEASED (Type or Print) <u>WINNIE ANN CLARK</u> a. (First) <u>WINNIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 2 53</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-4-1875</u>
9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ORRICK, MISSOURI</u> 12. 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>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
13a. FATHER'S NAME <u>HENRY BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN RIMMER</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Corey</u> ADDRESS <u>Orrick Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	
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) (Min.)	
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>Aug 4</u> , 1952, to <u>Feb 1</u> , 1953, that I last saw the deceased alive on <u>Feb 1</u> , 1953, and that death occurred at <u>3:58 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Virgil E. Shale</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Orrick Mo.</u>	
23c. DATE SIGNED <u>2-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-3-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROWLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ORRICK RURAL MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Good-Bailey</u> ADDRESS <u>Orrick Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb 2-1953</u>	
REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Good-Bailey</u>	

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 ✓
Student Embalmer

Signed Maris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Oriskany, 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.