

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006453

STATE FILE NUMBER

13

FILED FEB 16 1959

Registration District No. 231 Primary Registration District No. 5911 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>Missouri</b> <b>Montgomery</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montgomery City Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Montgomery City Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>1 mile north</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ishman Pitman Clark</b>			4. DATE OF DEATH Month Day Year <b>Feb 10 th 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 22nd 1890</b>
9. AGE (In years last birthday) <b>69</b>		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Montgomery City Mo</b>
13a. FATHER'S NAME <b>Benjamin Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Hensley</b>	14. NAME OF HUSBAND OR WIFE <b>Irene Clark</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-40-9751</b>	17. INFORMANT Address <b>Allen Clark Wellsville Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY INFARCTION</b> DUE TO (b) <b>CEREBRAL EMBOLISM</b> DUE TO (c) <b>ARTERIO SCLEROTIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 - HOUR</b> <b>4 DAYS</b> <b>5 YEARS</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1-30-59</b> to <b>2-10-59</b> and last saw <sup>him</sup> alive on <b>2-10-59</b> Death occurred at <b>5:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. Van Arsdale D.O.</b>		22b. ADDRESS <b>Montgomery City, Mo</b>	22c. DATE SIGNED <b>2-12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-13-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Cemetery</b>	23d. LOCATION (City, town, or County) (State) <b>1 mile North Montgomery City Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Card of Burial Montgomery City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2-11-59</b>	26. REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

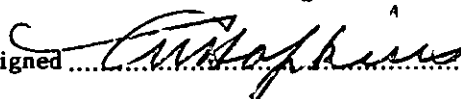
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, ~~xxx~~ on the 10 th day Feb 1959, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

C. W. Hopkins  
Signed  .....

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address .....

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.