

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27179

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) 421 South Ellis Street	
3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) E. c. (Last) Clayton			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 30, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Contractor		10b. KIND OF BUSINESS OR INDUSTRY Concrete	9. AGE (In years last birthday) 63
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME E. Clayton		13b. MOTHER'S MAIDEN NAME Mary Henderson	14. NAME OF HUSBAND OR WIFE Nellie Clayton
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Clayton Webb City, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES <u>Metastatic Cancer</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lung, liver, kidneys</u> DUE TO (c) <u>and intestines</u> 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 mo</u> <u>3 mo</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 June 29, 1949, to Aug 3, 1949, that I last saw the deceased alive on Aug 3, 1949, and that death occurred at 1 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. B. Myers</u>		23b. ADDRESS <u>708 S. 1st St. Joplin, Mo.</u>	23c. DATE SIGNED <u>Aug 4, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>8/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-13-49</u>	REGISTRAR'S SIGNATURE <u>Ed. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge-Lewis Funeral Home Webb City, Mo.</u>	

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

RECEIVED 8-29-49
Jasper County Health Office

County File Number 49-8-632
Date Filed 8-29-49

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 *Edward J. Lewis Jr.*

Licensed Embalmer No. 4561

P. O. Address. *Webb City, 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.