

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. 17116

Registrar's No. 250

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200	
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. LENGTH OF STAY (in this place) 2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION 1729 E. 32nd Street			d. STREET ADDRESS (If rural, give location) 1729 E. 32nd		
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Thomas		c. (Last) Clearman	
4. DATE OF DEATH (Month) (Day) (Year) May 15 1950					
5. SEX Male ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, REWIDOWED (Specify)	8. DATE OF BIRTH May 5 1948	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days
		Never Married			IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Albert M. Clearman		13b. MOTHER'S MAIDEN NAME Audry Woods		14. NAME OF HUSBAND OR WIFE	
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 Albert M. Clearman 1729 E. 32nd	
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) FRACTURED SKULL & EVISCERATION OF BRAIN				INTERVAL BETWEEN ONSET AND DEATH INSTANT E8124 25
	ANTECEDENT CAUSES Morbid 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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin JASPER, Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 15 1950 6:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? HEAD CRUSHED BY TRUCK WHEEL		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. D. Douglas M.D. Deputy Coroner			23b. ADDRESS 218 Erie Bldg. Joplin, Mo.		23c. DATE SIGNED 5/16/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-50	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 5-18-50		REGISTRAR'S SIGNATURE Ed S. James 138 by Dallas Tompkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin, Mo.	

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

RECEIVED 5-29-50

Jasper County Health Office

County File Number 50-5-430

Date Filed 5-29-50

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.

Signed F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.