

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7831

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Alms House		d. STREET ADDRESS (If rural, give location) Ozark Mo	
3. NAME OF DECEASED a. (First) Clarence b. (Middle) J c. (Last) Whitlock			4. DATE OF DEATH (Month) (Day) (Year) Mar 22 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar. 14, 1881
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Whitlock	13b. MOTHER'S MAIDEN NAME No Record	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 Ralph Kessinger Springfield 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute bacterial meningitis</i>		
ANTECEDENT CAUSES		DUE TO (b) <i>Influenza</i>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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) 480X
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 *Mar 18, 1951*, to *Mar 22, 1951*, that I last saw the deceased alive on *Mar 22, 1951*, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. R. Farthing</i> (Degree or title) M.D.	23b. ADDRESS <i>Ozark Mo</i>	23c. DATE SIGNED <i>3-27-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar 26 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ozark Cemetry</i>
24d. LOCATION (City, town, or county) <i>Ozark</i>		(State) <i>Mo</i>

DATE REC'D BY LOCAL REG. <i>Mar 30 1951</i>	REGISTRAR'S SIGNATURE <i>Loretta Leonard</i>	57	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>	ADDRESS <i>Ozark Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 3 1951

Dist. File 451-702

Date Filed 4-3-51

APR 9 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.