No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24808

State File No.

BIRTH NO. AUG 11 1952 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 332

1. PLACE OF DEATH

a. COUNTY: Jasper

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin

c. LENGTH OF STAY (In this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Jasper

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin - Rural 0490

d. STREET ADDRESS (If rural, give location): Rt. 2 Box 398

3. NAME OF DECEASED (Type or Print)

a. (First): Joseph b. (Middle): Robert c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): July 27 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 19, 1875

9. AGE (In years last birthday): 76 — If under 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): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Lead Mining

11. BIRTHPLACE (State or foreign country): Joplinm Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W. Clark

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE OR NAME: Otis Clark **ADDRESS**: Rt. 2 Box 398 Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vasc. disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension secondary

DUE TO (c) in cerebral apoplexy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 3da

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4.4.3 X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1952 *to* 7-27, 1952, *that I last saw the deceased alive on* 7-27, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Crawford M.D.

23b. ADDRESS: Joplin Mo

23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/30/52

24c. NAME OF CEMETERY OR CREMATORY: Saginaw Cemetery

24d. LOCATION (City, town, or county) (State): Saginaw, Missouri

DATE REC'D BY LOCAL REG.: 7-31-52

REGISTRAR'S SIGNATURE: Ed S. James 138 By Arthur Lampkin

25. FUNERAL DIRECTOR'S SIGNATURE: Steve Parker Mortuary **ADDRESS**: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-8-52
Jasper County Health Office

County File Number 52/C/621

Date Filed 8-9-52

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 F. M. Jones

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.