

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 405

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 town) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) 816 Picher	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			
3. NAME OF DECEASED a. (First) Clairine b. (Middle) CLAUDEAN c. (Last) Embree		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1921
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Cyclone, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY same	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Richard Baker		13b. MOTHER'S MAIDEN NAME Edna Gridon	14. NAME OF HUSBAND OR WIFE Melvin E. Embree
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 Melvin E. Embree, 816 Picher, Joplin
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>1st</i> <i>2nd</i> <i>3rd</i> <i>4th</i> <i>5th</i> <i>6th</i> <i>7th</i> <i>8th</i> <i>9th</i> <i>10th</i> <i>11th</i> <i>12th</i> <i>13th</i> <i>14th</i> <i>15th</i> <i>16th</i> <i>17th</i> <i>18th</i> <i>19th</i> <i>20th</i> <i>21st</i> <i>22nd</i> <i>23rd</i> <i>24th</i> <i>25th</i> <i>26th</i> <i>27th</i> <i>28th</i> <i>29th</i> <i>30th</i> <i>31st</i> <i>32nd</i> <i>33rd</i> <i>34th</i> <i>35th</i> <i>36th</i> <i>37th</i> <i>38th</i> <i>39th</i> <i>40th</i> <i>41st</i> <i>42nd</i> <i>43rd</i> <i>44th</i> <i>45th</i> <i>46th</i> <i>47th</i> <i>48th</i> <i>49th</i> <i>50th</i> <i>51st</i> <i>52nd</i> <i>53rd</i> <i>54th</i> <i>55th</i> <i>56th</i> <i>57th</i> <i>58th</i> <i>59th</i> <i>60th</i> <i>61st</i> <i>62nd</i> <i>63rd</i> <i>64th</i> <i>65th</i> <i>66th</i> <i>67th</i> <i>68th</i> <i>69th</i> <i>70th</i> <i>71st</i> <i>72nd</i> <i>73rd</i> <i>74th</i> <i>75th</i> <i>76th</i> <i>77th</i> <i>78th</i> <i>79th</i> <i>80th</i> <i>81st</i> <i>82nd</i> <i>83rd</i> <i>84th</i> <i>85th</i> <i>86th</i> <i>87th</i> <i>88th</i> <i>89th</i> <i>90th</i> <i>91st</i> <i>92nd</i> <i>93rd</i> <i>94th</i> <i>95th</i> <i>96th</i> <i>97th</i> <i>98th</i> <i>99th</i> <i>100th</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix c Senescent uterine ANTECEDENT CAUSES Morbidity 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.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>5/16/1950</u> to <u>9/12, 1952</u> , that I last saw the deceased alive on <u>9-11</u> 19 <u>52</u> , and that death occurred at <u>St. John's</u> th., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) G. A. Schulte, M. D.		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	
23c. DATE SIGNED 9/12/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-52	
24c. NAME OF CEMETERY OR CREMATORY OSARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Ed O. James 132	
		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Steve Parker Mortuary, Joplin, Mo.	

RECEIVED 9-15-52
Jasper County Health Office

County File Number 52/9/729

Date Filed 9-15-52

SEP 25 1952

SEP 23 1952

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jasper } ss.

State File No. 32012
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of September, 1952, before me appears J. B. Garrison

....., who, upon his oath, states that the original record of ~~XXXX~~ death
for Claudean Embree died September 12, 1952, in the State of
Missouri, and which was filed at Joplin, Mo. on 9-15, 1952, should be corrected as follows:

Item No. 3 should read Claudean Embree

Instead of Claudina Embree

Item No. 24c should read Ozark Memorial Park

Instead of Pineville Cemetery

Item No. 24d should read Joplin, Missouri

Instead of Pineville, Missouri

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant J. B. Garrison none
Steve Parker Mortuary Relationship.
Joplin, Missouri
Present Address.

Subscribed and sworn to before me this 23rd day of September, 1952.

My Commission expires April 19, 1954 Billy C. Erwin Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup - 32012