

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39597

State File No. _____

FILED DEC 5 1952

0730

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>1 WK</u>		d. STREET ADDRESS (If rural, give location) <u>616 E 32nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHASSTER HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSHUA E. CLEMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 11 - 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7/23/1869</u>
9. AGE (In years) (Months) (Days) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KEMPTON MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON</u>			
13a. FATHER'S NAME <u>Geo. W. Clemmons</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Cature</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Guy Easley</u>		18. ADDRESS <u>428 W 31st Joplin Mo</u>	
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>Mitral Insufficiency</u> 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. <u>Spivile Dementia Acute</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 5th</u> , 1952, to <u>Nov 11th</u> , 1952, that I last saw the deceased alive on <u>Nov 11th</u> , 1952, and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin M. Wilbough D.O.</u>		23b. ADDRESS <u>Sauv. Bldg. Wash. Mo</u>	
23c. DATE SIGNED <u>11/17/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>COFFIN</u>		24b. DATE <u>11/14/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FORREST PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 19 1952</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>HORLBY GLOVER MORFARY</u>		ADDRESS <u>Joplin Mo</u>	

(Signed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File No. _____

NOV 27 1952

457-269

Date Filed _____

NEOSHO, MISSOURI

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. 474

working under my personal supervision.

Student Ray P. Adams
Student Embalmer

Signed Cooley T. Thompson, Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.