

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5329**

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY **JASPER**

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

c. LENGTH OF STAY (in this place) **DOA**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHN'S HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MISSOURI** b. COUNTY **NEWTON**

c. CITY OR TOWN **NEWTON SHOAL CREEK**

d. Is Residence within limits of a city or incorporating town? Yes No

e. STREET ADDRESS (If rural, give location) **RT. 4, BOX 281, JOPLIN**

3. NAME OF DECEASED
(Type or Print) a. (First) **PARIS** b. (Middle) **ASROW** c. (Last) **CLARK**

4. DATE OF DEATH (Month) (Day) (Year)
MAR. 3, 1956

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **DEC. 13, 1877**

9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED BRICK & STONE MASON BLDG.**

11. BIRTHPLACE (City and State or Foreign Country) **TENNESSEE**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **BURL CLARK**

13b. MOTHER'S MAIDEN NAME **NANCY CARVEN**

14. NAME OF HUSBAND OR WIFE **ALBERTA CLARK**

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS. ALBERTA CLARK, RT. 4, JOPLIN**

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) **Coronary Arteriosclerosis**

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

DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH **1 yr**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Jan 33, 1956, to Jan 56, 1956, that I last saw the deceased alive on Jan 56, 1956, and that death occurred at _____ m, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **[Address]** 23c. DATE SIGNED **3/7/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **3-7-56**

24c. NAME OF CEMETERY OR CREMATORY **LOZARK MEMORIAL PARK**

24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **3-9-56** REGISTRAR'S SIGNATURE **[Signature]** 138-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MO.**

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

RECEIVED
MAY 1 1956

Jasper County Health Office

County File Number 56-3-230

Date Filed MAR 12 1956

APR 10 1956

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.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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