

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12092

FILED APR 3 - 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>Small KISSEE MILLS</u>	c. LENGTH OF STAY (in this place) <u>2 WKS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Small KISSEE MILLS</u>		e. STREET ADDRESS (If rural, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>CLARK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29, 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock yard worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock yard</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Tom Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Ashman</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-14-2591</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Clark Tangell</u>	ADDRESS <u>MO</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Sepsis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		
	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 <u>4211</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-16, 1956, to 3-22-56, that I last saw the deceased alive on 3-21-56, 1956, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Murrell M.D.</u>	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>3/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/28/56</u>	REGISTRAR'S SIGNATURE <u>Nelaw Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Samuel Stone</u>	ADDRESS <u>Joplin</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 9 1956

APR 18 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..... *Walter S. Cook*

Licensed Embalmer No. *47*

P. O. Address *Long...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.