

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16362

State File No. _____

BIRTH NO. 29057-49 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5591 Registrar's No. 228

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 township) OR TOWN JOPLIN - Galena Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 11 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION A		d. STREET ADDRESS (If rural, give location) RTE #3	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARON	b. (Middle) LEE	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) 5 14 49
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 3- 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR (Months) 0	IF UNDER 11 HRS. (Days) 11	IF UNDER 2 HRS. (Hours) 	IF UNDER 15 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Don Hall	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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 Don Hall	ADDRESS Joplin, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spina bifida - meningo myelocela ruptured		
	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. bed.			751X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 May 3, 1949, to May 14, 1949, that I last saw the deceased alive on 5-7, 1949, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. [Signature]	23b. ADDRESS Wesley City, Mo.	23c. DATE SIGNED 5/17/49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-17-49	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. 5-19-49	REGISTRAR'S SIGNATURE Earl James	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker	ADDRESS Mortuary, Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.