

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37707

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 494

1. PLACE OF DEATH a. COUNTY <u>Jasper</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) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Webb City</u>	
c. LENGTH OF STAY (in this place) <u>20 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>102 1/2 S. Main St. John's Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Yant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1949</u>
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>Sept. 18, 1893</u>
9. AGE (in years last birthday) <u>56</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>	11. BIRTHPLACE (State or foreign country) <u>Red Oak, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edward M. Yant</u>		13b. MOTHER'S MAIDEN NAME <u>Florence L. Swope</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Yant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If registered, give date of service) <u>W.W.I.</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Yant</u> ADDRESS <u>Webb City, 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>Ca of rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>1948</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>154X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>9-3</u> , 19 <u>48</u> , to <u>11-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>49</u> , and that death occurred at <u>1:55 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. L. Seere M. D.</u>		23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>11-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-9-49</u>	REGISTRAR'S SIGNATURE <u>Edw. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis</u> ADDRESS <u>Webb City, Mo.</u>	

RECEIVED 11-25-49  
Jasper County Health Office

County File Number 49-11-897  
Date Filed 11-25-49

NOV 28 1949

JAN 10 1963

JAN 7 1963

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.