

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13457**  
**13457**  
 Registrar's No. **200**

FILED MAY 1 1950

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>156</b>   |  | PRIMARY REG. DIST. NO. <b>2001</b>   |  | Registrar's No. <b>200</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>OKLA.</b> b. COUNTY <b>OTTAWA</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, MO.</b>  |  | c. LENGTH OF STAY (In this place) <b>1 week</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Commerce 8350</b>                                      |  | d. STREET ADDRESS (If rural, give location) <b>216 South Walnut</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>  |  |   |  | d. STREET ADDRESS (If rural, give location) <b>216 South Walnut</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>CLIFFORD</b> b. (Middle) <b>LOUIS</b> c. (Last) <b>DOAK</b>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>APRIL 20 1950</b> |  |  |   |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  |  | 8. DATE OF BIRTH <b>1909</b><br><b>Sept. 29, 1898</b>                 |  |
| 9. AGE (In years last birthday) <b>51</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTO PARTS SIGN</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO PARTS DISTRY for SELF</b>  |  | 11. BIRTHPLACE (State or foreign country) <b>SEBASTION Co., ARK.</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>Fred DOAK</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Maggie Edwards</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Nola DOAKS</b>                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nola DOAKS</b> ADDRESS <b>Commerce</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b><br>ANTECEDENT CAUSES (b) <b>Acute pyelonephritis</b><br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>(c) <b>Generalized pulmonary infection</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 Mo.</b>                         |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <b>No surgery</b>  |  |  |  | 20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)  |  |   |  |
| 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?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>4-13</b> , 19 <b>50</b> , to <b>4-20</b> , 19 <b>50</b> that I last saw the deceased alive on <b>4-20-50</b> , 19 <b>50</b> , and that death occurred at <b>8:30</b> A.M., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>Walter Taylor M.D.</b> (Degree or title)   |  |   |  | 23b. ADDRESS <b>Joplin, Mo.</b>  |  | 23c. DATE SIGNED  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>24-20-50</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Picher</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Oklahoma</b>         |  |
| DATE REC'D BY LOCAL REG. <b>4-20-50</b>  |  | REGISTRAR'S SIGNATURE <b>Edy James</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Grayson</b> ADDRESS <b>Picher OKla</b>  |  |   |  |

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

RECEIVED 4-24-50  
Jasper County Health Office

County File Number 50-4-337

Date Filed 4-28-50

1951 APR 28

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.