

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27267

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BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>382</u>			
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. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		<u>6495</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital D. O. A.</u>				d. STREET ADDRESS (If rural, give location) <u>2429 Kentucky Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 25 1950</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>Nov. 21 1877</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocerman</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William T. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Windbigler</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Clark Joplin, Mo</u>					
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nettie Clark-2429 Kentucky, Joplin 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>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4221</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>  <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <u>8-25-</u> , 19 <u>50</u> , to <u>8-25-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>50</u> and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>8-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>8-28-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Thornhill-Dillon Mortuary Joplin, MO</u>			

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

Dr. Fisher

RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-654

Date Filed 9-9-50

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 Charles E. Frey

Licensed Embalmer No. 47688

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.