

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1344

0492

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 27

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) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (In this place) 35yr		d. STREET ADDRESS (If rural, give location) 504 S. Tom	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			
3. NAME OF DECEASED (Type or Print) CLARENCE		4. DATE OF DEATH (Month) (Day) (Year) February 7, 1951	
a. (First) T.		b. (Middle) HOY	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 13, 1874	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data	
14. NAME OF HUSBAND OR WIFE Martha Kirby		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 Mrs. Martha Kirby	
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 hemorrhage Skull Fracture, Massive cerebral	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 8 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		0124	
DUE TO (c)		20	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock Compound fracture rt. tibia & Fibula			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 049	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) U.S. Highway 66	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 7 51 6P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Struck by auto while crossing intersection			
22. I hereby certify that I attended the deceased from 2-7-51, 1951, to 2-7, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.			
23a. SIGNATURE W. W. Forbes		23b. ADDRESS D.O. 2 Carterville, Missouri	
23c. DATE SIGNED 2-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-51	
24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. Feb 10 - 51		REGISTRAR'S SIGNATURE J. L. Hitchman	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-13-51
Jasper County Health Office

County File Number 51-1-101

Date Filed 2-13-51

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

Leonard J. Lewis

Signed.....

Student Embalmer

Licensed Embalmer No. 4561

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.