

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16990

State File No. _____
 Registrar's No. 2228

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) Life time	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joplin 0490	
f. STREET ADDRESS Rt. #4 Box 166		g. (If rural, give location) 1	
3. NAME OF DECEASED a. (First) Clova (Type or Print)		b. (Middle) Dee c. (Last) DeMasters	
4. DATE OF DEATH		5. DATE (Month) (Day) (Year) May 12, 1951	
5. SEX Male ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married ✓ (Specify)	8. DATE OF BIRTH March 4, 1905
9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Missouri ✓
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Clova DeMasters	
13b. MOTHER'S MAIDEN NAME Jessie Tyndall		14. NAME OF HUSBAND OR WIFE Mary DeMasters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 440-07-1466	
17. INFORMANT'S SIGNATURE OR NAME Mary DeMasters		ADDRESS Rt. #4 Joplin, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular-renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Azotemia DUE TO (c) Parenchymatous Nephritis (Acute)	
INTERVAL BETWEEN ONSET AND DEATH 6 Months Unknown 6 Months		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442 X	
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 5-8, 1951, to 5-12, 1951, that I last saw the deceased alive on 5-12, 1951 and that death occurred at 3:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	
23c. DATE SIGNED 5-15-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/15/51		24c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery	
24d. LOCATION (City, town, or county) (State) Newton County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	
DATE REC'D BY LOCAL REG. 5-17-51		REGISTRAR'S SIGNATURE James J. Sampson	

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

RECEIVED 5-21-51
Jasper County Health Office
County File Number 51/5/406
Date Filed 5-21-51

AUG 7 1961

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 Charles E. Frey

Signed.....
Student Embalmer

Licensed Embalmer No. 4768

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.