

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23378

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 329					
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) OR TOWN Joplin			c. LENGTH OF STAY (in this place) 38 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1710 Glover Avenue							
3. NAME OF DECEASED (Type or Print) WILLIAM THEODORE CLY			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH July 11, 1951				(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 10, 1877		9. AGE (In years last birthday) 73			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY Flower growing		11. BIRTHPLACE (State or foreign country) Hancock County, Indiana			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Samuel Cly			13b. MOTHER'S MAIDEN NAME Florence Holden			14. NAME OF HUSBAND OR WIFE Ada Cly					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 499-10-2034		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Cly, 1710 Glover, Joplin, Mo.				ADDRESS		
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) Cerebral Hemorrhage ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (general) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 8 years			
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)		331X					
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 July 2, 1951, to July 4, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 2:25 p. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) G. A. Schulte, M. D.				23b. ADDRESS 421 Frisco Bldg, Joplin, Mo.			23c. DATE SIGNED 7/17/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-51		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cem., Joplin, Missouri		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE G. A. Schulte		138		25. FUNERAL DIRECTOR'S SIGNATURE David Dillon Funeral Home, Joplin, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-23-51

Jasper County Health Office

County File Number 51/7/577

Date Filed 7-23-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed David Dillon

Signed.....  
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.