

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23443**

BIRTH NO. 81437-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2047 Registrar's No. 344

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 Rural	c. LENGTH OF STAY (in this place) 7 Mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#3. (Rural) 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #3,		d. STREET ADDRESS (If rural, give location) 4 Miles north of Joplin, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) JOSEPH c. (Last) FORKNER			4. DATE OF DEATH (Month) (Day) (Year) July 24, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 24, 1950	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elmer A. Forkner	13b. MOTHER'S MAIDEN NAME Beulah Malone	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Elmer A. Forkner, RR#3, Joplin, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days 9 days Several months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute tonsillitis</u> DUE TO (c) <u>Malnutrition</u>		
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 473X	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) (Min)	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 7-19, 1951, to 7-24, 1951, that I last saw the deceased alive on 7-23, 1951, and that death occurred at 7:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) D.O.	23b. ADDRESS 1702 Joplin St. Joplin Mo.	23c. DATE SIGNED 7-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-26-51	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 8-1-51	REGISTRAR'S SIGNATURE <i>[Signature]</i> 1138 By [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE David Dillon Funeral Home, Joplin, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/9/57
Wagoner County Health Office

County File Number 51-F-129

Date Filed 8/9/57

AUG 12 1957

SEP 13 1957

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 *David Dillion*

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.