

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32003

State File No. _____
REGISTRY DISTRICT OFFICE _____
Registrar's No. 445

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 445	
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) 51 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		2693	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2218 Joplin				d. STREET ADDRESS (If rural, give location) 2218 Joplin			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) TUCKER		c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 4, 1871	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY retired		9. AGE (In years last birthday) 81	
11. BIRTHPLACE (City and State or Foreign Country) Springdale, Arkansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John F. Clark		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johnnie Clark, 2218 Joplin, Joplin			
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) Cachexia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 unknown	
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)		794X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct 4, 1952 to Oct 6, 1952 that I last saw the deceased alive on Oct 4, 1952 and that death occurred at 2 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward T. Smith, M.D.				23b. ADDRESS 812 Bldg Joplin Missouri		23c. DATE SIGNED Oct 8 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-8-52		24c. NAME OF CEMETERY OR CREMATORY Osborne		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 10/10/52		REGISTRAR'S SIGNATURE Ed S. James 138-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.			

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

0496

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-13-52

Jasper County Health Office

County File Number 52/10/794

Date Filed 10-13-52

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin mo*

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

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