

STANDARD CERTIFICATE OF DEATH

State File No. **14706**
 Registrar's No. **188**

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>188</u>	
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) Joplin		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS (If rural, give location) 615 West 13th Street.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 West 13th Street				d. STREET ADDRESS (If rural, give location) 615 West 13th Street.,			
3. NAME OF DECEASED (Type or Print) a. (First) LYLE		b. (Middle) Lours		c. (Last) MCCLINTOCK		4. DATE OF DEATH (Month) (Day) (Year) APRIL 10, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 9, 1891	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garbage Dept		10b. KIND OF BUSINESS OR INDUSTRY City of Joplin		11. BIRTHPLACE (State or foreign country) Pawnee County, Nebraska	
11. BIRTHPLACE (State or foreign country) Pawnee County, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Alexander McClintock		13b. MOTHER'S MAIDEN NAME Olive Hayes	
13a. FATHER'S NAME Alexander McClintock		13b. MOTHER'S MAIDEN NAME Olive Hayes		14. NAME OF HUSBAND OR WIFE Lucille		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 491-01-6122		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille McClintock-615 W.13., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STRANGULATION FATAL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HANGED SELF IN GARAGE				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E974X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) GARAGE ON HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER MO.		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 10 53 2:30 PM	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 10 53 2:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR HANGED SELF HANGING ONTO ROPE UNTIL HE STRANGLLED			
22. I hereby certify that I attended the deceased from (DO NOT ATTEND) , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Waco Cemetery				23b. ADDRESS Joplin Natl Bank Bldg.		23c. DATE SIGNED 4-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-1953		24c. NAME OF CEMETERY OR CREMATORY Waco Cemetery		24d. LOCATION (City, town, or county) (State) Waco, Mo.	
DATE REC'D BY LOCAL REG. 4-22-53		REGISTRAR'S SIGNATURE Waco Cemetery		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Inc Joplin, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

495
1

RECEIVED 4-27-53
Jasper County Health Office

County File Number 53/4-356

Date Filed 4-28-53

APR 30 1953

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.....
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 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.