

FILED JUL 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. **19389**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 85

0492  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>711 Limestone St</u> <span style="float:right">0493</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LIZA</u> b. (Middle) <u>JANE</u> c. (Last) <u>CLOVEN</u>		<b>4. DATE OF DEATH</b> (Month) <u>July</u> (Day) <u>1</u> (Year) <u>1954</u>	
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan 22, 1879</u>
<b>9. AGE</b> (In years last birthday) <u>75</u>		<b>10. MONTHS</b> <u></u> <b>11. DAYS</b> <u></u> <b>12. HOURS</b> <u></u> <b>13. MIN.</b> <u></u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Greene Co, Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Amos Pruitt</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Suzanna Parker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles W. Cloven</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>C.W. Cloven, 711 Limestone, Carthage, Mo</u>
<b>18. CAUSE OF DEATH:</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Terminal pulmonary edema</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8 hrs</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatitis</u>		<u>2 wks</u>	
DUE TO (c) <u>Chronic cholecystitis</u>		<u>Unknown</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterioesclerosis</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>585X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>6/20</u> , <u>1954</u> , to <u>7/1</u> , <u>1954</u> , that I last saw the deceased alive on <u>6/30</u> , <u>1954</u> , and that death occurred at <u>9:20A.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>W. Nell-Hee D.O.</u>		<b>23b. ADDRESS</b> City, Mo <u>924 W. Daugherty, Webb</u>	
<b>23c. DATE SIGNED</b> <u>7/1/54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>7-3-1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Osborn Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Joplin, Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-3-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Madeline Switzer</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 6 1954

Jasper County Health Office

County File Number 3026 1954

Date Filed \_\_\_\_\_

1954 9 3179

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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