

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23318**BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **342**

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)	c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSP.			e. STREET ADDRESS (If rural, give location) 1602 CONNER 0495		
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ROBERSON c. (Last) CLAY			4. DATE OF DEATH (Month) (Day) (Year) JUL 17 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR 29, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) JASPER CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME R.K. ROBERSON		13b. MOTHER'S MAIDEN NAME LAODICEA BROCK	14. NAME OF HUSBAND OR WIFE W.A. CLAY (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GLEN JAMISON, SAN FRANCISCO			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Change Valvular heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serility DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (continued) 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 4214
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 July 15 1954 to July 17 1954 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:47 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Jay E. Myers		23b. ADDRESS 708 Inwood Bldg		23c. DATE SIGNED July 19 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUL 21 1954	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM	24d. LOCATION (City, town, or county) (State) WEBB CITY MO		
DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE Jay E. Myers 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn J. Myers Joplin		

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

1956
ADM

RECEIVED JUL 26 1954
Jasper County Health Office
County File Number 54-7-578
Date Filed JUL 26 1954

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.....
Paul Glover

Licensed Embalmer No. 45

P. O. Address.....
Joplin

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.