

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37800

FILED NOV 16 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 154

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 town) TOWN DUENWEG <i>Joplin Twp.</i>		c. LENGTH OF STAY (In this place) 2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN DUENWEG <i>Joplin Twp.</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNEWEG				d. STREET ADDRESS (If rural, give location) NONE <i>0490</i>			
3. NAME OF DECEASED (Type or Print) a. (First) CLINTON		b. (Middle)		c. (Last) JAMES		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 5 1954	
5. SEX MALE <input type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 4, 1875		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAKER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EVEN JAMES		13b. MOTHER'S MAIDEN NAME NO DATA		14. NAME OF HUSBAND OR WIFE NO DATA			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSIE J. JAMES 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Unknown</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>				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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>Did not attend</i> <i>5:30 AM</i> and that death occurred at <i>4:30 PM</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>R. K. Sawyer M.D.</i>				23b. ADDRESS <i>728 Prince Bldg</i>		23c. DATE SIGNED <i>11/9/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 8, 1954		24c. NAME OF CEMETERY OR CREMATORY MARVIN CHAPEL CEMETERY		24d. LOCATION (City, town, or county) (State) MILO, MISSOURI	
DATE REC'D BY LOCAL REG. <i>11-9-54</i>		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 24-11-18
Date Filed NOV 15 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
Student Embalmer

Signed Leonard J. Lewis Jr

Licensed Embalmer No. 4567

P. O. Address Wells City, 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.