

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21775**

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **648**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Springfield</b> | c. LENGTH OF STAY (In this place)<br><b>1 day</b> | c. CITY OR TOWN<br><b>Springfield</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Burge Hospital</b>                           |   | No. STREET ADDRESS (If rural, give location)<br><b>1230 South Ferguson 0396</b>   |  |

|                                     |                        |                            |                        |   |
|-------------------------------------|------------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>JOHN</b> | b. (Middle) <b>WILLIAM</b> | c. (Last) <b>CLYDE</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 27, 1955</b> |
|-------------------------------------|------------------------|----------------------------|------------------------|---|

|                    |                               |  |   |   |  |  |
|--------------------|-------------------------------|--|---|---|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>April 19, 1871</b> | 9. AGE (In years last birthday) <b>84</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---|---|--|--|

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|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Armour Emp.</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Meat Packing</b> | 11. BIRTHPLACE (City and State or Foreign Country) /<br><b>Ladora, Iowa</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|---|---|

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|--|--|---|
| 13a. FATHER'S NAME<br><b>William Clyde</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Staner</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Hattie Clyde (Deceased)</b> |
|--|--|---|

|   |   |  |                                    |
|---|---|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Everett Cloud</b> | ADDRESS<br><b>Springfield, Mo.</b> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 months</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic with nitral Insufficiency.</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>4222</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Gonorrhea - Nephritis.</b>   |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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 **January, 1954**, to **July 27, 1955**, that I last saw the deceased alive on **July 27, 1955** and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title)<br><b>J. Newton Wakeman M. D.</b> | 23b. ADDRESS<br><b>Springfield, Missouri</b> | 23c. DATE SIGNED<br><b>7/28/55</b> |
|---|--|------------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>7/30/1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Ohio Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Ladora, Iowa</b> |
|---|-------------------------------|--|--|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>7-29-55</b> | REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Harry C. ...</b> | ADDRESS<br><b>Springfield, Mo.</b> |
|--|--|---|------------------------------------|

WRITE PLAINLY—USING UNEADING SPRINGFIELD MISSOURI PERMANENT RECORD

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**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 *James W. Waver*.....

Licensed Embalmer No...46

P. O. Address...Springfield

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.