

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29947

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 377	
1. PLACE OF DEATH a. COUNTY <u>Jasper.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper.</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Joplin.</u>		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 <u>Freeman Hospital</u>				STREET ADDRESS (If rural, give location) <u>1718 Roosevelt Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clarence</u>		b. (Middle) <u>Earl</u>		c. (Last) <u>Miller</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>7</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>6-16-1917</u>	
9. AGE (in years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Joplin Globe Bus. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>De Cource, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clude Miller</u>		13b. FATHER'S MOTHER'S NAME <u>Kora Graham</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-20-0084</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Miller</u> ADDRESS <u>1718 Roosevelt Joplin Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac dilation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory infection</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH <u>24h.</u> <u>10 da.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>2-26-55</u> , to <u>9-7</u> , 1955, that I last saw the deceased alive on <u>9-7-</u> , 1955 and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alice H. Wilson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1923 Sergeant, Joplin, Mo</u>		23c. DATE SIGNED <u>9-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-10-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-55</u>		REGISTRAR'S SIGNATURE <u>James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Delores Thompson</u>		ADDRESS <u>Delores Thompson</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed
SEP 19 1955

APR 24 1955

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.....
David Dillon

Licensed Embalmer No. 389

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.