

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 3021 Registrar's No. 60

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 Waddy City		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 7 Days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jane Chun Hospital		STREET ADDRESS (If rural, give location) Rt #3 Box 805 0490	
3. NAME OF DECEASED (First) (Type or Print) Clara Irene Martin		4. DATE OF DEATH (Month) (Day) (Year) 2-2-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-18-1898
9. AGE (In years last birthday) 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home making
11. BIRTHPLACE Reethel S.C		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record	
14. NAME OF HUSBAND, OR WIFE Lester Martin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME (Address) Lester Martin Rt #3, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Hypertensive Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 593XF	
19a. DATE OF OPERATION Jan 21 1956		19b. MAJOR FINDINGS OF OPERATION Communicated fracture femur surgical neck upper 1/3	
20. ACCIDENT SUICIDE HOMICIDE (Specify) accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in front of home, farm, factory, street, office, etc.) stone		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Joplin Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jun 20 1956 1P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell off icy porch		22. I hereby certify that I attended the deceased from Jan 20, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 1, 1956, and that death occurred at 6:45 A.M., from the causes and on the date stated above.	
23a. SIGNATURE A. Deason D.D.		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED 2-9-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/4/1956		24c. NAME OF CEMETERY OR CREMATORY Clark Memorial	
24d. LOCATION (City, town, or county) (State) Joplin Mo.		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Thonhill-Dellon Joplin Mo	
DATE REC'D BY LOCAL REG. 2-10-56		REGISTRAR'S SIGNATURE Wood-Morris	

RECEIVED FEB 13 1956
Jasper County Health Office
County File Number 56-2-145
Date Filed FEB 13 1956

MAR 26 1956

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

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.