

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13690

State File No.

FILED APR 17 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 161

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittal.) 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) 9 DAYS | c. CITY OR TOWN JOPLIN |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 2601 TYLER AVENUE | | 04950 | |

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|-------------------------------------|------------------------|-------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ZELA | b. (Middle) DEAN | c. (Last) CLOPTON | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 8, 1956 |
|-------------------------------------|------------------------|-------------------------|--------------------------|--|

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|-----------------|----------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX F | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 8, 1893 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-----------------|----------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (City and State or Foreign Country) LINCOLNVILLE, KS. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME JOHN TATE | 13b. MOTHER'S MAIDEN NAME FLORENCE FOX | 14. NAME OF HUSBAND OR WIFE KING CLOPTON |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME KING CLOPTON, 2601 TYLER AVENUE | ADDRESS |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 15 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Dialysis related - previous myocardial infarction | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from May, 1953, to Apr 8, 1956, that I last saw the deceased alive on April 8, 1956, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> (Degree or title)? | 23b. ADDRESS 805 Third Bldg Joplin Mo | 23c. DATE SIGNED 4-10-56 |
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|--|--------------------------|--|---|
| 24a. BY RITUAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 4-11-56 | 24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY | 24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI |
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| DATE REC'D BY LOCAL REG. 4-13-56 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. | ADDRESS |
|---|--|--|---------|

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

RECEIVED APR 15 1956

Jasper County Health Office

County File Number 56-44-309

Date Filed APR 16 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 F. M. Jones.....

Licensed Embalmer No. 221

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.