

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24148

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 320

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|--|--|--|---|
| 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 (If outside corporate limits, write RURAL and give town or township) <u>Joplin</u> | | 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"/> |
| c. LENGTH OF STAY (In this place) <u>48 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>2126 N. Park Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Clarence</u> | a. (First) <u>Clarence</u> | b. (Middle) <u>C.</u> | c. (Last) <u>Playter</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 15 1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>12-14-77</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours | Min. |
|--------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mine Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Girard, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U, S, A,</u> |
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| 13a. FATHER'S NAME <u>Franklin Playter</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie Carpenter</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude Playter</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>492-36-1033</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Playter</u> | ADDRESS <u>2126 N. Park Joplin</u> |
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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) <u>Coronary disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| | ANTECEDENT CAUSES <u>metastatic to spine</u> | | |
| | Morbidity 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 <u>Arteriosclerosis (fused)</u> | | 10 yrs | |

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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 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) |
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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 October 19 54, to 7/15, 19 56, that I last saw the deceased alive on 7/15, 19 56, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. A. Schulte</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>2125 Jackson, Joplin, Mo</u> | 23c. DATE SIGNED <u>7/19/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-19-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7-24-56</u> | REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u> | ADDRESS <u>Joplin, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

526

Jasper County Health Office

County File Number 56-7-606

Date Filed JUL 20 1958

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 [Handwritten Signature]

Licensed Embalmer No. 4770

P. O. Address [Handwritten Address]

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.