

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24150

State File No. ....

FILED JUL 25 1956

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY OR TOWN <b>Jasper</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital J.A.</b>		e. STREET ADDRESS (If rural, give location) <b>Jasper, Missouri</b>		f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b>		b. (Middle) <b>LESLIE</b>		c. (Last) <b>RAND</b>	
4. DATE OF DEATH <b>July 10 1956</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 1 1898</b>		9. AGE (In years last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garage Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Barton County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Clint Rand</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Buzzard</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen M. Williams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XXXX</b>		16. SOCIAL SECURITY NO. <b>487-38-9021</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Rand, Jasper, Missouri</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Occlusion - fatal - less than 1 hr</b>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>	
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? <b>none</b>	
22. I hereby certify that I attended the deceased from <b>did not attend</b> , to _____, 19____, that I last saw the deceased alive on <b>7-10-</b> , 19 <b>56</b> , and that death occurred at <b>3:45</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. H. Bess</b>		23b. ADDRESS <b>Joplin, Missouri</b>		23c. DATE SIGNED <b>Jul 12 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Jul 13 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake</b>	
24d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Konantz Funeral Home, Lamar, Missouri</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>7-16-56</b>		REGISTRAR'S SIGNATURE <b>David Merriam</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Konantz Funeral Home, Lamar, Missouri</b>	

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

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RECEIVED

Jasper County Health Office

County File Number 56-7-5723

Date Filed JUL 19 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 *Norman L. Thompson*

Licensed Embalmer No. 4816.....

P. O. Address Lamar, Missouri

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.