

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34447**

FILED NOV 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Baxter Springs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>Route 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle)	c. (Last) <b>Clock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-21-56</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5-30-78</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>McDonald County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Clock</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Clock</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Hazel Cowan, Joplin, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>x chronic respiratory failure (cardiac)</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pulmonary fibrosis</b>		
	DUE TO (c) <b>myocardial degeneration</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/> <b>coronary arteriosclerosis</b>		<b>unk.</b>

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) (Min.)	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 10-7-56, 19  , to 10-21-56, 19  , that I last saw the deceased alive on 10-21-56, 19  , and that death occurred at 1:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. E. Kilbaur M.D.</b>	23b. ADDRESS <b>521 W. 4, Joplin, Missouri</b>	23c. DATE SIGNED <b>10-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Seneca, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-23-56</b>	REGISTRAR'S SIGNATURE <b>Dorrie Merriam</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. E. Bedderson Seneca Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

526  
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County File Number 56-10-840  
Date Filed OCT 31 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 W E Biddlecome

Licensed Embalmer No. 217

P. O. Address Seneca

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.