

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7572

FILED MAY 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 224

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 town) JOPLIN		c. LENGTH OF STAY (in this place) DOA	c. CITY RURAL OR TOWN GALENA TWSP		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 ST. JOHN'S HOSPITAL			STREET ADDRESS (If rural, give location) ROUTE 2, BOX 370, JOPLIN MO		
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) JAMES	c. (Last) EBY	4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH NOV. 6, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEALER		10b. KIND OF BUSINESS OR INDUSTRY LIVESTOCK	11. BIRTHPLACE (City and State or Foreign Country) / MARIONVILLE, OKLA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PETE EBY		13b. MOTHER'S MAIDEN NAME LYDIA KINNEY	14. NAME OF HUSBAND OR WIFE FREIDA MAE EBY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FREIDA MAE EBY, RT. 2, JOPLIN		
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina pectoris DUE TO (c) Extremetrotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 min 1 yr. 2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I, hereby certify that I attended the deceased from 11-7, 1955, to 5-5, 1957, that I last saw the deceased alive on 5-5, 1957, and that death occurred at 4:25 PM, from the causes and on the date stated above.					
23a. SIGNATURE (Degree of title) <i>W. D. Dorse M.D.</i>			23b. ADDRESS FRISCO BLDG., JOPLIN, MO.		23c. DATE SIGNED 5-7-57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-8-57	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY,		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 5-10-57		REGISTRAR'S SIGNATURE <i>Dorrie Merriam</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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Superior County Health Office  
County File Number 57-5-395  
Date Filed MAY 15 1957

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. *7319*

P. O. Address *Joplin, Mo.*

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.