

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

STATE FILE NUMBER
1617

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 42

300
1-57

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, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1809 Grand Joplin		d. STREET ADDRESS (If outside, give location) 201 Maiden Lane	
3. NAME OF DECEASED First Middle Last Theodore Jackson Clark		4. DATE OF DEATH Month Day Year 1 8 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED	8. DATE OF BIRTH Mar. 8 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mining	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Erie, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Clark		13b. MOTHER'S MAIDEN NAME Sarah Clairson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Daisy Coy 414 N. Anderson Joplin,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day unk.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Jna. 8 to 58 and last saw him alive on Jan. 8, 1958 Death occurred at 5:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE (Degree or title) J. E. Gilbane M.D.		22b. ADDRESS 521 W. 4th Joplin, Missouri	
22c. DATE SIGNED 1-30-58			
23a. BURIAL, CREMATION, REINTERMENT (Specify) 1-11-58		23b. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
23c. DATE 1-11-58		23d. LOCATION (City, town, or county) Joplin, Missouri	
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 1-30-1958	
		26. REGISTRAR'S SIGNATURE Dove Merriam	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED FEB 5 - 1958
Jasper County Health Office

County File Number 106

Date Filed FEB 5 1958

FEB
6 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 David Bellon

Licensed Embalmer No. 3898

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.