

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011579

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 189

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10499
20499

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4 1

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97625

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123-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED APR 10 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY JASPER
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 120 N. PEARL Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
MARY Claycomb _____ MARCH 26, 1962

5. SEX Female 6. COLOR OR RADE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-26-62 9. AGE (last birthday) _____ IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Joplin, Missouri 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME Edward Stephen Claycomb 13b. MOTHER'S MAIDEN NAME Betty Lou Cotton 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Edward Claycomb Address 120 N. Pearl, 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) Atelectasis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (5 months)
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 5:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary M.D. (Degree or title) _____ 22b. ADDRESS medical arts Bldg - Joplin 22c. DATE SIGNED 3.30.62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3/28/62 23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW 23d. LOCATION (City, town, or county) (State) Joplin, MO

24. FUNERAL DIRECTOR Thornhill-Dillon Mort Joplin, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 4-3-1962 26. REGISTRAR'S SIGNATURE Novie Merriam

USE BLACK INK OR TYPEWRITER RIBBON

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 was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

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.