

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047435

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 656

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 2 1963**

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb  
 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) 311 1/2 Main Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First CLAUDE Middle WRAY Last SMITH 4. DATE OF DEATH Month December Day 19 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-13-1889 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Silas Smith 13b. MOTHER'S MAIDEN NAME Ella Frizzell 14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes W.W. I 16. SOCIAL SECURITY NO. Unk 17. INFORMANT Friend- Address 311 1/2 Main St. Bess Turley, Joplin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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 12-17-62 to 12-19-62 and last saw her/him alive on 12-19-62  
 Death occurred at 12-19-62 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. H. Hamilton, M.D. 22b. ADDRESS 302 Medical Arts Bldg. Joplin, Missouri 22c. DATE SIGNED 12/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 21, 1962 23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 12-28-62 26. REGISTRAR'S SIGNATURE Dore Merriam

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
10499  
20499  
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 5 2  
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 7 1  
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9332X  
 10  
 11  
123-0  
132-0

JAN 22 1963

JAN 3 1963

*Funeral permit received before funeral  
pending Director's signature, R.M.*

**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 Robert A. York

Licensed Embalmer No. 5193

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.