

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1515**

FILED JAN 30 1950

BIRTH NO. _____ REG. DIST. NO. **06** PRIMARY REG. DIST. NO. **2001** Registrar's No. **11**

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 township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 1109 CONNOR	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) RYLENA b. (Middle) HARRIETT c. (Last) FREEMAN COPLEY		4. DATE OF DEATH (Month) (Day) (Year) JAN 6 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 21, 1855
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) 4
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME DR. H. J. FREEMAN		14. NAME OF HUSBAND OR WIFE -	
13b. MOTHER'S MAIDEN NAME DAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NOVE	
17. INFORMANT'S SIGNATURE OR NAME MRS. G.H. POLLOCK		ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Geo L. ...		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED 1-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-9-50	
24c. NAME OF CEMETERY OR CREMATORY FOREST PARK		24d. LOCATION (City, town, or county) (State) JOPLIN MO	
DATE REC'D BY LOCAL REG. 1-10-50		25. FUNERAL DIRECTOR'S SIGNATURE HURL BUT-GLOVER ADDRESS JOPLIN	

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

495
0

10-1-50

RECEIVED 1-17-50

Jasper County Health Office

County File Number 50-1-21

Date Filed 1-24-50

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 _____
Student Embalmer

Signed _____

Dale Glover

Licensed Embalmer No. _____

4593

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 this body is not embalmed, fact should be so stated above.