

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20667

BIRTH NO. _____		REG. DIST. NO. <u>152</u>		PRIMARY REG. DIST. NO. <u>200</u>		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; if residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			c. LENGTH OF STAY (in this place) <u>46yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			0495		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 Valley</u>				d. STREET ADDRESS (If rural, give location) <u>1023 Valley</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Dile</u>			c. (Last) <u>Doxey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1890</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Sweeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Joplin St. Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u>			12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Edward Doxey</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hall</u>				14. NAME OF HUSBAND OR WIFE <u>Clara Doxey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Doxey 1023 Valley</u>					
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) <u>Acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalized</u> DUE TO (c) <u>Dead on arrival at hospital</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Dead on arrival at hospital)</u> 4201							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Did not attend funeral</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Walter E. Brown, Jr., Registrar</u>						23b. ADDRESS <u>Joplin, Mo. Blue Bldg.</u>			23c. DATE SIGNED <u>6-14-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1950</u>		24b. DATE <u>6-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>					
DATE REC'D BY LOCAL REG. <u>6-16-50</u>		REGISTRAR'S SIGNATURE <u>James J. Parker</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-23-50
Jasper County Health Office

County File Number 50-6-487
Date Filed 6-23-50

JUL 25 1950

JUN 27 1951

MS MAY 6 1959

JAN 23 1959

FEB 13 1958

JUN 28 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.