

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. **23827**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **345**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. *If institution, residence before admission before) a. STATE MO. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 2 Yrs		d. STREET ADDRESS (If rural, give location) 2302 Penn	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SMITH NURSING HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) W.	c. (Last) SCHURR	4. DATE OF DEATH (Month) (Day) (Year) 7 30 50
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/31/75	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Cleaning		11. BIRTHPLACE (State or foreign country) 9
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME K. E. Schurr	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrostatic Pneumonia		36 hrs
	ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis		1 1/2 yrs.
	DUE TO (c) Chronic Nephritis		4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease			8 yrs.
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) 542X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **April**, 19**50**, to **July 30**, 19**50**, that I last saw the deceased alive on **July 29**, 19**50**, and that death occurred at **12:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. ...	23b. ADDRESS 1702 Joplin St., Joplin, Mo..	23c. DATE SIGNED 7-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7/30/50	24c. NAME OF CEMETERY OR CREMATORY
		24d. LOCATION (City, town, or county) (State) Saginaw, Mich

DATE REC'D BY LOCAL REG. 8-1-50	REGISTRAR'S SIGNATURE Ed S. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Hunsaker Mortuary
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495
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RECEIVED 8-7-50

Jasper County Health Office

County File Number 50-8-586

Date Filed 8-7-50

FILED
AUG 10 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 F. M. Jones

Licensed Embalmer No. 2319

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.