

No. 300
10. 48

495

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27288

FILED AUG 23 1950

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>256</u>			
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) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 14 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		d. STREET ADDRESS (If rural, give location) 3026 Perkins Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				3. NAME OF DECEASED a. (First) Edwin				b. (Middle) Henderson	
				c. (Last) SIRMONS		4. DATE OF DEATH (Month) (Day) (Year) August 8, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 19, 1889			
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Driller			10b. KIND OF BUSINESS OR INDUSTRY Oil			11. BIRTHPLACE (State or foreign country) Woodville, Texas			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Wyatt Sirmons		13b. MOTHER'S MAIDEN NAME Eliza I. Sheffield		14. NAME OF HUSBAND OR WIFE Iva Sirmons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. co. or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 440 09 4100		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iva Sirmons 3026 Perkins Joplin, Mo.					
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) Gangrene of Bowel				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) Strangulated Hernia					
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				5605	
19a. DATE OF OPERATION July 6, 1950		19b. MAJOR FINDINGS OF OPERATION Strangulated Sliding Hernia				20. AUTOPSY? YES <input checked="" 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) (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 July 5th 1950 , to August 8, 1950 , that I last saw the deceased alive on August 8th 1950 , and that death occurred at 4:30P. m. , from the causes and on the date stated above.									
23a. SIGNATURE E. L. Henty, M.D.				23b. ADDRESS 412 Jackson Ave. Joplin, Mo.		23c. DATE SIGNED 8-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. 8-14-50		REGISTRAR'S SIGNATURE E. L. Henty		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill Dillon Mort Joplin, Mo.					

RECEIVED 8-21-50

Jasper County Health Office

County File Number 50-8-611

Date Filed 8-21-50

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 William E. Dusselston

Licensed Embalmer No. 4770

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.