

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 17 1951

3. No. 300
V. 10. 48

0495

Heinlein - Jan 17

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: 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) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		1,495	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>206 CONNOR AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACIE</u>			b. (Middle) <u>OVERLEES</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-51</u>			5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>3-31-1874</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 18 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSE DUTY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>TERRE HAUTE IND.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>JOSEPH WOLFE</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE WHITE</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart & Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensating heart</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>49-42</u>	
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>July</u> , 19 <u>51</u> , to <u>Jan 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>51</u> , and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Heinlein</u>				23b. ADDRESS <u>521 W. 4th Joplin Mo</u>		23c. DATE SIGNED <u>1-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 11 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW C.E.M.</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>	
DATE REC'D BY LOCAL REG. <u>1-10-51</u>		REGISTRAR'S SIGNATURE <u>James B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HAROLD GLOVER</u>		ADDRESS <u>MOULTON MORTUARY</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-21

Date Filed 1-16-51

RECORDED
1-16-51

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. 398

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

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.

1-16-51