

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1508  
REGISTRATION NO. 1508

0495

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. _____	
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 Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		d. STREET ADDRESS (If rural, give location) 1609 East 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1609 East 16		3. NAME OF DECEASED a. (First) Charles		b. (Middle) R.		c. (Last) Sands	
4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 51		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (X) none	
8. DATE OF BIRTH no record		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook		10b. KIND OF BUSINESS/INDUSTRY cook	
11. BIRTHPLACE (State or foreign country) no record		12. CITIZEN OF WHAT COUNTRY 1652		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alva J. Beason	
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) Respiratory failure  ANTECEDENT CAUSES DUE TO (b) Cerebral vascular accident  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 6 month	
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) _____		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 1-6, 1950, to 1-6, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. Morgan</i>		23b. ADDRESS 2521 W 4th Joplin Mo 1652		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 1/11/51		24c. NAME OF CEMETERY OR CREMATORY Park Cem.		24d. LOCATION (City, town, or county) Joplin (State) _____	
DATE REC'D BY LOCAL REG. 1-10-51		REGISTRAR'S SIGNATURE <i>Ed S. Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hurlbert Glover</i>		ADDRESS Joplin Mo	

*L. Morgan*

RECEIVED

1-16-51

County Health Office

County File Number 51-1-17

Date Filed 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 Charles C. M. Cook  
Student Embalmer

Signed

Dale Glove  
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.