

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5114

State File No. 421
Registrar's No. 5579

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579

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 Mineral ^{RURAL}		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Co T B Hosp		d. STREET ADDRESS (If rural, give location) 712 N. 2nd	
3. NAME OF DECEASED (Type or Print) a. (First) Book b. (Middle) Dates c. (Last) Dates		4. DATE OF DEATH (Month) (Day) (Year) March 3 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 22 - 1878
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 10	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Miner	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Dates	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-01-6684	17. INFORMANT'S SIGNATURE OR NAME Records 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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pickpenny Disease Tuberculous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 200X	
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 4:19, 1951, to 3/3, 1951, that I last saw the deceased alive on 3/2, 1951, and that death occurred at 4 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. Douglas M.D.	23b. ADDRESS Webb City Mo.	23c. DATE SIGNED 3/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-1951	24c. NAME OF CEMETERY OR CREMATORY Oran 90 Cemetery	24d. LOCATION (City, town, or county) (State) Oran 90 Mo.
DATE REC'D BY LOCAL REG. Mch 3-51	REGISTRAR'S SIGNATURE S.L. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Mo.	

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

0490

0492

RECEIVED 3/6/51
Jasper County Health Office

County File Number 51-3-186

Date Filed 3/6/51

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.

working under my personal supervision.

Student

Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.