

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37790

| | | | | | | | | | |
|---|--|--|---|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>155</u> | | PRIMARY REG. DIST. NO. <u>3127</u> | | Registrar's No. <u>166</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) OR TOWN <u>Webb City</u> | | c. LENGTH OF STAY (in this place) <u>4 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u> | | d. STREET ADDRESS (If rural, give location) <u>South Joplin Street</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24th, 1954</u> | | | | 8490 D | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> | | | b. (Middle) <u>C.</u> | | | c. (Last) <u>English</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 6th, 1877</u> | | 9. AGE (In years last birthday) <u>77</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | | 11. BIRTHPLACE (State or foreign country) <u>Colvert, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Anthony English</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle English - Wife</u> | | | |
| 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>518 06 3195</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle English, Carl Junction, Mo.</u> | | | | 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. | | | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | | DUE TO (b) <u>Advanced Arteriolar Nephrosclerosis</u> | | | | | |
| | | | | DUE TO (c) <u>Arteriosclerosis</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>46X</u> | | | | | | 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) | | 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>11-16</u> , 19 <u>54</u> , to <u>11-24</u> , 19 <u>54</u> that I last saw the deceased alive on <u>11-24</u> , 19 <u>54</u> , and that death occurred at <u>4:05 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. E. Nicks</u> | | | | 23b. ADDRESS <u>Carl Junction, Missouri</u> | | 23c. DATE SIGNED <u>11-25-1954</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/27/1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-27-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>South Jersey</u> | | ADDRESS <u>Carl Junction, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Date Filed NOV 29 1954

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

Harvey E. Chase

Licensed Embalmer No. 4463

P. O. Address Wichita, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.