

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>179</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Mt Vernon Twsp</u>		c. LENGTH OF STAY (In this place) <u>Traveling</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west Mt Vernon #166</u>				d. STREET ADDRESS (If rural, give location) <u>1503 North Clay</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>C</u>		c. (Last) <u>Joslin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1949</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>Jan 15 1864</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Rail road</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dan C Joslin</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Asberry</u>		14. NAME OF HUSBAND OR WIFE <u>Olivia Sariss Joslin</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Charles Gray, Springfield, Missouri</u>				
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						INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u>							
	ANTECEDENT CAUSES DUE TO (b) <u>Fractured Skull Base</u>							
	DUE TO (c) <u>Broken R. Leg.</u>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken L. Arm</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>691-26</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Hy. 166 Mt Vernon Lawrence Mo</u>		21d. (COUNTY) (STATE) <u>05</u>		
21d. TIME OF INJURY <u>Mar 9 1949 P. 3:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Truck wreck</u>				
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-12-49</u> , and that death occurred at <u>3:40 P. m.</u> , from the causes and on the date stated above.								
22a. SIGNATURE <u>Hermond Surridge</u>				22b. ADDRESS <u>Corona Marionville Mo</u>		22c. DATE SIGNED <u>3/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-15-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>		ADDRESS <u>Funeral Home, Springfield, Mo.</u>		

RECEIVED

District Health Officer No. 6.

District File Number 349-289

Date Filed 3-16-49

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.