

FILED JUN 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16357

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 100

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 OR TOWN Mineral		c. CITY OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 2 Months		d. STREET ADDRESS (If rural, give location) 216 West Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper 607 B No. 1			

3. NAME OF DECEASED (Type or Print) Edwin Coleman Black			4. DATE OF DEATH (Month) (Day) (Year) May 26 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1884		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Thayer, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willis H. Black		13b. MOTHER'S MAIDEN NAME Elizabeth Hayelip		14. NAME OF HUSBAND OR WIFE Olive Black, Mrs.	
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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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Olive Black, Webb City, Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		ANTECEDENT CAUSES (b) Cordiac Hypertrophy			
		(c) + Decompensation			443X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 7:15 ^{PM} 5/26, 1949, to 5:26 ^{PM}, 1949, that I last saw the deceased alive on 5/26, 1949, and that death occurred at 9:55A ^{PM} m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jesse E. Douglas		23b. ADDRESS Webb City Mo.		23c. DATE SIGNED 5/26/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
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DATE REC'D BY LOCAL REG. MAY 28; 1949		REGISTRAR'S SIGNATURE J. L. Tuttle		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
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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, ~~only~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. *4647*

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.