

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37698

-State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>509</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) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>55 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1015 North St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josie</u> b. (Middle) <u>Myers</u> c. (Last) <u>Mercer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 14, 1874</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 12 HRS. Days <u>5</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warren Co., Tenn.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Green Hope</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no (unknown)) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Peggy Crawford, 1411 W. 9th Joplin Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  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.  <u>33 4A</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 to 9 days</u>
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) 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 <u>Nov 13, 1949</u> to <u>Nov 16, 1949</u> that I last saw the deceased alive on <u>Nov 16, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. L. Crawford M.D. Joplin</u>				23b. ADDRESS		23c. DATE SIGNED <u>11/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkway Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		
DATE REC'D BY LOCAL REGO <u>11-23-49</u>		REGISTRAR'S SIGNATURE <u>Ed W. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-5-49  
Jasper County Health Office

County File Number 49-11-919

Date Filed 12-5-49

JAN 4 1950

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.