

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1511

State File No.

FILED JAN 31 1950

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 18

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>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1906 W. 20TH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1906 W. 20TH ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EUNICE</u> b. (Middle) <u>ANN</u> c. (Last) <u>BELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
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 <u>DOMESTIC</u>		8. DATE OF BIRTH <u>FEB 13, 1867</u>	
11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>				9. AGE (In years last birthday) <u>82</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	

13a. FATHER'S NAME <u>THOMAS DENNIS</u>		13b. MOTHER'S MAIDEN NAME <u>MANDY JONES</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAUL POLLOCK</u> ADDRESS <u>GALEN AKS.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of left leg</u>			DUE TO (b) <u>Arterio-sclerotic heart disease</u>			<u>unknown</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <u>Generalized arteriosclerosis</u>			<u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4200</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 1-4, 1950, to 1-9, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Hurlbut, M.D.</u> (Degree or title)		23b. ADDRESS <u>410 Jackson Joplin Mo</u>		23c. DATE SIGNED <u>1-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	
				24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>	

DATE REC'D BY LOCAL REG. <u>1-11-50</u>		REGISTRAR'S SIGNATURE <u>E. J. Hurlbut</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT-GLOVER</u> ADDRESS <u>JOPLIN</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495

Blenty

AV

110

RECEIVED ^{FEB 8} 1-23-50 1950

Jasper County Health Office

County File Number 50-1-41

Date Filed 1-30-50

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.