

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5175

FILED FEB 21 1950

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 44

0495
3

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Pennsylvania

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE MO. b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495
d. STREET ADDRESS (If rural, give location) 2105 Pearl

3. NAME OF DECEASED (Type or Print)
a. (First) RACHEL A. (Middle) (Last) WALT
4. DATE OF DEATH (Month) (Day) (Year) 1 26 50

5. SEX FE. 6. COLOR OR RACE WH. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 8. DATE OF BIRTH 10-28-1868 9. AGE (In years last birthday) 81 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert TRIM. 13b. MOTHER'S MAIDEN NAME RACHEL WALTON 14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs A B Austin Salina, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic gangrene both legs DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS Chronic myocarditis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1950, to 1-26, 1950, that I last saw the deceased alive on 1-25, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Virgil E. Jeanneret 23b. ADDRESS Joplin, Mo. 23c. DATE SIGNED 1-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-28-50 24c. NAME OF CEMETERY OR CREMATORY Fairview Cem. 24d. LOCATION (City, town, or county) Joplin, Mo.

DATE REC'D BY LOCAL REG. 1-28-50 REGISTRAR'S SIGNATURE Col. James B. 38 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. S. Blair Joplin, Mo.

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

for file

RECEIVED 2-1-50
Jasper County Health Office

County File Number 50-1-72

Date Filed 2-18-50

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.