

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9296

0495

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 104					
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 (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 72		c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 2318 Bird 0							
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Dowell		c. (Last) Moffet		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1950				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Sept 20, 1877		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 9	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Joplin, Mo. 0			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME O R Moffet			13b. MOTHER'S MAIDEN NAME Laurah Thompson			14. NAME OF HUSBAND OR WIFE Mattie Moffet					
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 ADDRESS Helen Herron, 2318 Bird Joplin Mo						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death. Hypertension							INTERVAL BETWEEN ONSET, AND DEATH 9 days unknown 33 1/2		
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 2/20, 1950, to 2/28, 1950, that I last saw the deceased alive on 2/28, 1950, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE E. J. Hunt, M.D. 0				(Degree or title)		23b. ADDRESS 410 Johnson Ave. Joplin, Mo.			23c. DATE SIGNED 3/4/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-1950		24c. NAME OF CEMETERY OR CREMATORY Forest Park			24d. LOCATION (City, town, or county) (State) Joplin, Mo.				
DATE REC'D BY LOCAL REG. 3-7-50		REGISTRAR'S SIGNATURE E. J. Hunt			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.						

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-187

Date Filed 3-25-50

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 *F. M. Jones*

Licensed Embalmer No. *2319*

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.