

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9298

Registrar's No. 152

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 152			
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) OR TOWN Joplin			c. LENGTH OF STAY (In this place) 7 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1505 Missouri				d. STREET ADDRESS (If rural, give location) 1505 Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) W.		c. (Last) Morrison		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 5, 1875		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) Muscatine, Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Morrison			13b. MOTHER'S MAIDEN NAME Sarah Frye			14. NAME OF HUSBAND OR WIFE Bertha Morrison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Spanish		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Morrison 1505 Missouri				
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) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						?	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-27, 1950, to 3-27, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Scholten M.D.				23b. ADDRESS Joplin Mo			23c. DATE SIGNED 3-29-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-50		24c. NAME OF CEMETERY OR CREMATORY I.OOF		24d. LOCATION (City, town, or county) (State) Neosho Mo			
DATE REC'D BY LOCAL REG. 3-30-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Scholten

0495

RECEIVED 4-10-50  
Jasper County Health Office

County File Number 50-3-274

Date Filed 4-11-50

APR 12 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 *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.