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Mr Douglas (223 St)

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9332

FILED APR 5 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2004</u>		Registrar's No. <u>141</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) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> <u>0490</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1809 GRAND</u>				d. STREET ADDRESS (If rural, give location) <u>RED # 4</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIZA</u>			b. (Middle) <u>ELLEN</u>		c. (Last) <u>WILKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 20, 1885</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. 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 <u>DOMESTIC</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>LIZA BARNES</u>		14. NAME OF HUSBAND OR WIFE <u>J. W. WILKINSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. W. WILKINSON JOPLIN</u>			
18. DATE 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) <u>Diabetes Mellitus</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.				INTERVAL BETWEEN ONSET AND DEATH <u>260X</u>	
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) (Min.)		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>March 22, 1950</u> , to <u>March 22, 1950</u> , that I last saw the deceased alive on <u>March 24, 1950</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John M. Douglas M.D.</u>				23b. ADDRESS <u>210 West 323rd Joplin Mo.</u>		23c. DATE SIGNED <u>3-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORNE MEM. PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-50</u>		REGISTRAR'S SIGNATURE <u>John M. Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT-GLOVER</u>		ADDRESS <u>JOPLIN</u>	

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

RECEIVED 4-3-50

Jasper County Health Office

County File Number 50-3-251

Date Filed 4-3-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Hale Glover

Signed.....
Student Embalmer

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.