

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13449

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

0495

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 170	
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) 57 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Wall Street				d. STREET ADDRESS (If rural, give location) 410 Wall Street			
3. NAME OF DECEASED (Type or Print) a. (First) Howie			b. (Middle) BLACK			c. (Last) BLACK	
4. DATE OF DEATH (Month) (Day) (Year) April 2 1950							
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Nov. 5 1857	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR 4		IF UNDER 1 YEAR 28		IF UNDER 2 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Baker			10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Dora Black	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. M.H. Black - 717 Glenview - Joplin			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza 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 12 days 481X
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)		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 3/20/50, to 4/2/50, 19__, that I last saw the deceased alive on 4/2/50, 19__, and that death occurred at 8:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dorothy H. Black, M.D.				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 4/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 4 1950		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 4-3-50		REGISTRAR'S SIGNATURE Ed. James		138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Thornhill - Dillon Joplin, Mo.	

RECEIVED 4/15/50

Jasper County Health Office

County File Number 50-4-301

Date Filed 4-18-50

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 William E. Suddleston

Licensed Embalmer No. 4270

P. O. Address Jasper, 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.