

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13515

State File No. 69

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 69

0490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before last admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) Mineral	c. LENGTH OF STAY (in this place) 100a	c. CITY (If outside corporate limits, write RURAL and give township) Dorchester 002.1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper 60 T O'Kona		d. STREET ADDRESS Box 81 1/2 P	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Joslin c. (Last)			4. DATE OF DEATH (Month) May (Day) 1 (Year) 1950	
--	--	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/8/1883	9. AGE (In years last birthday) 66 9 24 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
----------------	---------------------------	---	------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA
--	--	--	---	--	------------------------------------

13a. FATHER'S NAME Joslin	13b. MOTHER'S MAIDEN NAME Hutcheon		14. NAME OF HUSBAND OR WIFE Not known		
------------------------------	---------------------------------------	--	--	--	--

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 Records			
--	------------------------------	--	--	--	--

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH	
	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.			002X	

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 4:22, 1950, to 5:11, 1950 that I last saw the deceased alive on 5/1, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jesse E Douglas M.D. Health Ctr. Mo		23b. ADDRESS		23c. DATE SIGNED 5/1/50	
---	--	--------------	--	----------------------------	--

24a. BURIAL, CREMATION, OR DISPOSAL (Specify)	24b. DATE May 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery Savannah, Mo	24d. LOCATION (City, town, or county) (State)		
---	--------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. May 2, 50	REGISTRAR'S SIGNATURE J. L. Korte	FUNERAL DIRECTOR'S SIGNATURE Johnston Arnee Simpson Mortuary	ADDRESS Webb City Mo		
---------------------------------------	--------------------------------------	---	-------------------------	--	--

RENEWED 5-9-50
Jasper County Health Office
County File Number 50-4-390
Date Filed 5-10-50

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 Blayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Wells City, 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.