

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17124
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 267

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 216 N. BYERS	
3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) ALBERT c. (Last) DE LISLE		4. DATE OF DEATH (Month) (Day) (Year) 5-28-50	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/24/1874
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO REPAIRS	11. BIRTHPLACE (State or foreign country) CANADA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Mrs. Iva De Lisle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 491-01-3074B	17. INFORMANT'S SIGNATURE OR NAME Mrs. Iva De Lisle ADDRESS 216 N. BYERS	
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) Myocardial Degeneration with Cardiac Hypertrophy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) about 6 months DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (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 5-21-50 , 19___, to 5/28/50 , 19___, that I last saw the deceased alive on 5/27/50 , 19___, and that death occurred at 2:00 m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Walter Howard M.D.		23b. ADDRESS Trust Bldg. - Joplin	23c. DATE SIGNED 5/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED	24b. DATE 5/31/50	24c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PK	24d. LOCATION (City, town, or county) (State) Joplin Mo
DATE REC'D BY LOCAL REG. 6-1-50	REGISTRAR'S SIGNATURE Ed. A. James 138	25. FUNERAL DIRECTOR'S SIGNATURE HURLBUD GLOVER ADDRESS Joplin MORT. MO	

RECEIVED 6-9-50
Jasper County Health Office

County File Number 50-6-457

Date Filed 6-9-50

JUL 20 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Dale 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.