

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State, File No. 20687

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 291

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	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 818 Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 818 Ohio		d. STREET ADDRESS (If rural, give location) 818 Ohio	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Florence	b. (Middle) Walls	c. (Last) Walls	(Month) June	(Day) 10	(Year) 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 6, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Fort Smith, Ark	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME James Gardner	13b. MOTHER'S MAIDEN NAME May Harvey	14. NAME OF HUSBAND OR WIFE
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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 Wilma Patterson	ADDRESS 818 Ohio
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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		INTERVAL BETWEEN ONSET AND DEATH  do not know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>hypertension and coronary heart disease</i>		
	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.			2/20/1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1950, to June, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. L. Crumpton MD</i>	(Degree or title)	23b. ADDRESS Joplin Mo.	23c. DATE SIGNED 6-14-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-14-1950	24c. NAME OF CEMETERY OR CREMATORY Stony Point	24d. LOCATION (City, town, or county) (State) Joplin Missouri
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DATE REC'D BY LOCAL REG. 6-16-50	REGISTRAR'S SIGNATURE <i>Edw. J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin Mo
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(Licensed Embalmer's Statement - on Reverse Side)

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

*proven*  
RECEIVED 6-23-50

Jasper County Health Office

County File Number 50-6-486

Date Filed 6-23-50

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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.