

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27264

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 376

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>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin, Mo.</u> c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jreece</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>DENTON</u> c. (Last) <u>CAREY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 25-1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 14-1883</u>
9. AGE (In years last birthday) <u>67</u> 10. IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>HARRISON - ARK!</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Unknown</u>	
14. MOTHER'S MAIDEN NAME <u>MATLOCK</u>		15. NAME OF HUSBAND OR WIFE <u>Betha Carey-Freeman</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>—</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Betha Carey-Freeman Kan.</u>		19. ADDRESS <u>—</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</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. <u>none</u>	
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 <u>Jan</u> , 18 <u>50</u> , to <u>8-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>50</u> and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. H. Boyer M.D.</u> (Degree or title)		23b. ADDRESS <u>Baxter Springs, Mo.</u>	
23c. DATE SIGNED <u>8-27-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	
24d. LOCATION (City, town, or county) <u>Missouri</u> (State) <u>Kana</u>		DATE REC'D BY LOCAL REG. <u>8-28-50</u>	
REGISTRAR'S SIGNATURE <u>Ed S. Thomas</u> 38		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Thomas</u> ADDRESS <u>Picher, Okla</u>	

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

RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-652

Date Filed 9-9-50

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.

Signed Paul Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Picher, Okla

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.