

No. 300
10.48

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30502

4034

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) 8150 OR TOWN MISSION 8	
c. LENGTH OF STAY (In this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 5324 SHERWOOD DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) WILLIAM c. (Last) JOSLIN			4. DATE OF DEATH (Month) (Day) (Year) SEPT.-21-1950		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-24-1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL AGENT	10b. KIND OF BUSINESS OR INDUSTRY N.C.&St. Louis R.	11. BIRTHPLACE (State or foreign country) R. Linton, Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William W. Joslin	13b. MOTHER'S MAIDEN NAME Sally Chamberlin	14. NAME OF HUSBAND OR WIFE EDNA JOSLIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) World War I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Joslin, 5324 Sherwood Drive	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis.		INTERVAL BETWEEN ONSET AND DEATH one week
	ANTECEDENT CAUSES DUE TO (b) Acute Suppurative Laryngitis		
	DUE TO (c) Appendicitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Admission to St. Joseph's Hospital, 1950, that I last saw the deceased alive on Sept. 21, 1950, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Type and print name) Russell W. [Signature]	(Degree or title) M.D.	23b. ADDRESS St. Joseph's Hospital	23c. DATE SIGNED 7-29-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 23, 1950	24c. NAME OF CEMETERY OR CREMATOR Woodlawn Memorial	24d. LOCATION (City, town, or county) (State) Nashville, Tennessee
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DATE REC'D BY LOCAL REG. 9-23-50	REGISTRAR'S SIGNATURE Geraldine Holmes	FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS 1331 GAUSH CREEK BLVD. KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 9 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.....
Student Embalmer

Signed *John E. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas 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.