

FILED DEC 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 37466

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 532				
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. LENGTH OF STAY (In this place) 2 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			0493		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1013 Clinton St.				/		
3. NAME OF DECEASED (Type or Print)		a. (First) EBEN		b. (Middle) L		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Nov 25, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 19, 1865		9. AGE (In years) (If under 1 year: Months) (If under 14 hrs. 15 min.: Days) (If under 14 hrs.: Hours) (If under 14 hrs.: Min.) 85		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. lumber dealer			10b. KIND OF BUSINESS OR INDUSTRY retailing		11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME L. P. Smith, Muncie, Indiana					ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency with Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease with Pain DUE TO (c) Fracture Lower Left 7-8-9- Ribs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Due to Fall.						INTERVAL BETWEEN ONSET AND DEATH 9 Days 2 Days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 122						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. John's Hosp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:30 PM Nov 24, 1950				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient Accidentally fell in hosp room								
22. I hereby certify that I attended the deceased from Nov 7, 1950, to Nov 25, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 9:10p m., from the causes and on the date stated above.										
22a. SIGNATURE John P. Maddox MD				22b. ADDRESS Joplin, Mo		22c. DATE SIGNED 11-28-50				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Nov. 29, 1950		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Mo				
DATE REC'D BY LOCAL REG. 12-1-50		REGISTRAR'S SIGNATURE E. S. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo						

(Licensed Embalmer's Statement on Reverse Side)

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

495
dot 0

RECEIVED 12-4-50

Jasper County Health Office

County File Number 50-11-879

Date Filed 12-4-50

JAN 13 1951

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

T. C. Rootwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rootwood
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address

Carthage

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.