

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

6293 State File No. 37495

490
1

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3293 Registrar's No. 190

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 town) OR TOWN rural - Sheridan Twnshp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Sheridan Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage - Route 1		d. STREET ADDRESS (If rural, give location) Carthage Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) LEROY	
		c. (Last) PROBERT	
4. DATE OF DEATH Nov 22, 1950		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) amrried	
8. DATE OF BIRTH Sept 6, 1888		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & stockman		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (State or foreign country) Jasper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Probert		13b. MOTHER'S MAIDEN NAME Sarah Hough	
14. NAME OF HUSBAND OR WIFE Blanche Bastin Probert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.L. Probert, Rte 1, Carthage, Mo	
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) Pulmonary embolism ANTECEDENT CAUSES DUE TO (b) Chronic congestive heart failure DUE TO (c) Chronic nephritis with hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis with Cholelithiasis	
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) 592X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug. 20, 1946, to Dec. 22, 1950, that I last saw the deceased alive on Oct. 7, 1950, and that death occurred at 3 a m., from the causes and on the date stated above.	
23a. SIGNATURE E.H. Schell (Degree or title) MD		23b. ADDRESS Carthage, Mo	
23c. DATE SIGNED 11-22-50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 11-25-1950		24c. NAME OF CEMETERY OR CREMATORY Hackney Cemetery	
24d. LOCATION (City, town, or county) (State) Rte 1, Carthage, Mo		DATE REC'D BY LOCAL REG. 11-25-50	
REGISTRAR'S SIGNATURE L. B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY, Carthage, Mo	

RECEIVED 11-27-50

Jasper County Health Office

County File Number 50-11-847

Date Filed 11-27-50

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 _____

T C Raskwood

Student Embalmer No. 383

working under my personal supervision.

Student *Thomas C. Raskwood*
Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No. 4440

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.