S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40376

State File No.

JAN 2 1950

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2035

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark 0 221
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): David E.
b. (Middle):
c. (Last): Joslyn

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 18, 1909
9. AGE (In years last birthday): XX 41 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carl W. Joslyn
13b. MOTHER'S MAIDEN NAME: Lelia Aughe
14. NAME OF HUSBAND OR WIFE: Elizabeth Joslyn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 495-05-9834
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hospital Records, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute gastrectasia. — 4 hrs
DUE TO (c) — 5/4/1

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Partial coronary occlusion, left branch

19a. DATE OF OPERATION: 12/22/50
19b. MAJOR FINDINGS OF OPERATION: Solitary cyst, type undetermined and tubular bronchiectasis, right lower lobe, right lung. Segmental atelectasis, right lower lobe.
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1950, *to* Dec. 22, 1950, *and that death occurred at* 2:29 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: P.L. Eisele, M.D. — Chief, Professional Services (Degree or title)
23b. ADDRESS: VA Hospital, Springfield, Mo.
23c. DATE SIGNED: Dec. 22, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26 1950
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cem
24d. LOCATION (City, town, or county) (State): Lebanon Mo.

DATE REC'D BY LOCAL REG.: 12-26-50
REGISTRAR'S SIGNATURE: M.E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Palmer's Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1951

APR 25 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard L. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4585

P. O. Address Lebanon, 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.