U.S. No. 300
Rev. 10.48

0495
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Dr. Woods

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

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8979

BIRTH NO. 8281-51 REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001 Registrar's No. 123

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): Never left hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Isabelle
b. (Middle): Warren
c. (Last): Alms

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 11, 1951
9. AGE (In years last birthday): If under 1 year: Months 1, Days 0; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: John A. Alms
13b. MOTHER'S MAIDEN NAME: Naomi ????
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME: John A. Alms **ADDRESS**: Joplin, Missouri

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) Inanition, dehydration — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelactasis, pyloric stenosis
DUE TO (c) endocrinopathy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7560

19a. DATE OF OPERATION: 3/11/51
19b. MAJOR FINDINGS OF ~~OPERATION~~ autopsy: atelectasis, pyloric stenosis, hepatic necrosis
20. AUTOPSY? YES ☒ 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* 2-11 *19* 51 *to* 3-11- *19* 51 *that I last saw the deceased alive on* 3-11-51 *19*____ *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald R. Woods (Degree or title): DO 2
23b. ADDRESS: 521 W.4, Joplin Mo.
23c. DATE SIGNED: 3-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/51
24c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 3-17-51
REGISTRAR'S SIGNATURE: Ed Dickinson 138 / By Dolores Hamphiro 138
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort **ADDRESS**: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-22-51
Jasper County Health Office

County File Number 51-3-232

Date Filed 3-22-51

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 [illegible]

Licensed Embalmer No. 1770

P. O. Address Joplin, 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.