

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16999

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 251

0495
1

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

Mr. Ed E. James

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) OR TOWN 40 YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 TYLER		d. STREET ADDRESS (If rural, give location) 406 TYLER 0	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HENRY c. (Last) HORTON			4. DATE OF DEATH (Month) (Day) (Year) MAY 25 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 16, 1879		9. AGE (In years last birthday) 71		10. IF OVER 1 YEAR: Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUCKSTER		10b. KIND OF BUSINESS OR INDUSTRY RETAIL VEGETABLES		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT A. HORTON		13b. MOTHER'S MAIDEN NAME HAILEY ANN DAVIS		14. NAME OF HUSBAND OR WIFE MARY HORTON			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS MARY HORTON JOPLIN			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Diabetes				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 260X	
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 12-9, 1947, to 5-25, 1951, that I last saw the deceased alive on May 1, 1951 and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed E. James M.D.		23b. ADDRESS Joplin, Missouri		23c. DATE SIGNED 5-31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 27, 1951		24c. NAME OF CEMETERY OR CREMATORY NEW SALEM CEMETARY		24d. LOCATION (City, town, or county) (State) NEWTON MO	
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DATE REC'D BY LOCAL REG. 5-31-51		REGISTRAR'S SIGNATURE My Father Lemphis		138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURLBUT GLOVER JOPLIN	
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RECEIVED 6-5-51

Jasper County Health Office

County File Number 51/5/455

Date Filed 6-5-51

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

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.