

FILED AUG 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23438
Registrar's No. 124

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

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) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 10 Days		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hoapital		d. STREET ADDRESS (If rural, give location) 2229 Moffet Ave,	

3. NAME OF DECEASED (Type or Print) EDNA	a. (First)	b. (Middle)	c. (Last) OHLHOUSEN	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 20, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 27	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Diamond, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME James Corner	13b. MOTHER'S MAIDEN NAME Mary James	14. NAME OF HUSBAND OR WIFE Deceased (Edgar Ohlhausen)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Williams, 719 W. 6th Joplin, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary-Renal Vasculon Disease/years		
	DUE TO (c) Hypertension		2 yrs.
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 23, 1951, to July 26, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dawson Del	(Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 7-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. Aug 1-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/7/51
Jasper County Health Office
County File Number 51-8-24
Date Filed 8/8/51

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.....

Charles E. Frey

Signed Charles E. Frey

Signed.....
Student Embalmer

Licensed Embalmer No. 1575 *4768*

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.