

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30567

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 442

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 2316 Main St Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 8 Yrs		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2316 Main Street		d. STREET ADDRESS (If rural, give location) 2316 Main Street	

3. NAME OF DECEASED (Type or Print) Joseph	a. (First)	b. (Middle)	c. (Last) Houser	4. DATE OF DEATH (Month) (Day) (Year) Sept 23, 1951
--	------------	-------------	------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 3, 1894	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
-------------	------------------------	--	------------------------------	------------------------------------	------------------------	------------------------	-----------------------

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

13a. FATHER'S NAME Don't Know	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Emma Houser
-------------------------------	--------------------------------------	---

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. 500-01-9621	17. INFORMANT'S SIGNATURE OR NAME Emma Houser; 2316 Main St, Joplin	ADDRESS
--	--	-------------------------------------	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH Unk
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"/>
------------------------	----------------------------------	--

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 <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 9-12, 1951 to 9-23, 1951, that I last saw the deceased alive on 9-23, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

22a. SIGNATURE D.D. Douglas M.D.	(Degree or title)	22b. ADDRESS Sn. Dr. Francis Berg. Joplin Mo	22c. DATE SIGNED 9/25/51
----------------------------------	-------------------	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-25-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 9-25-51	REGISTRAR'S SIGNATURE G. S. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo
----------------------------------	-----------------------------------	--

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

495

RECEIVED 10-2-51

Jasper County Health Office

County File Number 51/10/765

Date Filed 10-2-51

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 Paula Hankie

Signed.....
Student Embalmer

Licensed Embalmer No. 3590

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.