

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

558 State File No. 30604

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO. 156  |  | PRIMARY REG. DIST. NO. 2200   |  | Registrar's No. 429   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Galena   |  | c. LENGTH OF STAY (In this place) 4 DAYS  |  | c. CITY (If outside corporate limits, write RURAL and give township) Joplin, Missouri                                       |  | 0490  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 13th & Malang Road  |  |   |  | d. STREET ADDRESS (If rural, give location) 1611 W. 26th Street   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Don   |  | b. (Middle) Arthur  |  | c. (Last) Ebbs  |  | 4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1951                    |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White  |  | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married   |  | 8. DATE OF BIRTH Sept 14, 1950  |  |
| 9. AGE (In years last birthday)   |  | 10. KIND OF BUSINESS OR INDUSTRY None   |  | 11. BIRTHPLACE (State or foreign country) Joplin, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY? U S A                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In wife   |  | 13a. FATHER'S NAME Fred Ebbs  |  | 13b. MOTHER'S MAIDEN NAME Mattie L Breese   |  | 14. NAME OF HUSBAND OR WIFE None                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |  | 16. SOCIAL SECURITY NO. None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie Ebbs Joplin, Missouri  |  |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid & Leukemia<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) 2040<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH 1 month                              |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sep 12, 1951, and that death occurred at 1220 m., from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE H. M. Worroughs, D.O.  |  |   |  | 23b. ADDRESS 21702 Joplin St. Joplin Mo.  |  | 23c. DATE SIGNED 9-17-51  |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL   |  | 24b. DATE Sept 18, 1951   |  | 24c. NAME OF CEMETERY OR CREMATORY Fairview   |  | 24d. LOCATION (City, town, or county) (State) Joplin, Missouri        |  |
| DATE REC'D BY LOCAL REG. 9-17-51  |  | REGISTRAR'S SIGNATURE [Signature]   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Joplin   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-25-51  
Jasper County Health Office

County File Number 51/9/745  
Date Filed 9-26-51

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

*Robert F. Boyer*

Student Embalmer No. 430

working under my personal supervision.

Student *Robert F. Boyer*  
Student Embalmer

Signed *Dale Glover*

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.