

STANDARD CERTIFICATE OF DEATH

37783

State File No.

DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 529

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) 17 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

d. FULL NAME OF HOSPITAL OR INSTITUTION 1205 Ky

d. STREET ADDRESS (If rural, give location) 1205 Ky

3. NAME OF DECEASED
 a. (First) Emma b. (Middle) E. c. (Last) Holland

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1951

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Oct. 27, 1869 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) Toulon, Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Essex 13b. MOTHER'S MAIDEN NAME Mary Dunnell 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Earl L. Bates, 1205 Ky

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General + Cerebral Arteriosclerosis

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 332 X 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) (Min.) 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 July 13, 1951, to Nov. 19, 1951, that I last saw the deceased alive on Nov. 18, 1951, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Korbel, M.D. 23b. ADDRESS Archie Bldg., Joplin, Mo. 23c. DATE SIGNED 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-23-51 24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial 24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 11-26-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Barker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED 12-2-51

Jasper County Health Office

County File Number 51/12/890

Date Filed 12-2-51

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 *Steel Parker*

Signed Student Embalmer

Licensed Embalmer No. 2548

P. O. Address *Jasper*

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.