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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42630

FILED JAN 11 1952

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6032		Registrar's No. 2523	
1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>RIPLEY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - DONIPHAN</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - DONIPHAN</b>		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME - DONIPHAN, MO. R.F.D. #1</b>				d. STREET ADDRESS (If rural, give location) <b>DONIPHAN, MO. R.F.D. #2</b>			
3. NAME OF DECEASED (Type or Print) <b>EVA</b>		a. (First)		b. (Middle) <b>MAE</b>		c. (Last) <b>JOPLIN</b>	
4. DATE OF DEATH <b>12-7-1951</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>3-28-1892</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b>8</b> Min. <b>9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <b>Mo. U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W.M. EZELL</b>		13b. MOTHER'S MAIDEN NAME <b>CYNTHIA BARNETT</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLEY JOPLIN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Lula Thomason Doniphan, Mo.</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Posterior cardiac infarct.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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 <b>May</b> , 1951, to <b>Dec.</b> , 1951, that I last saw the deceased alive on <b>12-8</b> , 1951, and that death occurred at <b>5.45</b> mi., from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank Johnson M.D.</b> (Degree or title)				23b. ADDRESS <b>Doniphan, Mo.</b>		23c. DATE SIGNED <b>12/19/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-9-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley county, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-10-51</b>		REGISTRAR'S SIGNATURE <b>Frank Johnson</b> 277		25. FUNERAL DIRECTOR'S SIGNATURE <b>L.W. Edwards</b> ADDRESS <b>Doniphan, Mo.</b>			

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

CLASS 8 JUN 8K

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *George A. Keeby*

Licensed Embalmer No. *4752*

P. O. Address *Doniphan Mo*

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.