

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8724

State File No.

FILED MAR 20 1952

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			
c. LENGTH OF STAY (in this place) <u>40 Yrs</u>				d. STREET ADDRESS (If rural, give location) <u>930 North Moffet Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Miller</u>		a. (First) <u>O.</u>		b. (Middle) <u>COOMBS</u>		c. (Last)	
4. DATE OF DEATH <u>March 5, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>October 2, 1886</u>		9. AGE (In years last birthday) <u>65</u>		10. AGE (In years last birthday) <u>65</u>		11. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physicians M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Readfield, Maine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. # 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elkena Coombs</u>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>443X</u>				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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 <u>2/1/52</u> , 19 <u>52</u> , to <u>3/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>52</u> , and that death occurred at <u>10:35A</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wesley H. Blace M.D.</u>				23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED <u>3/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-12-52</u>		REGISTRAR'S SIGNATURE <u>Ed. S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u> ADDRESS <u>Joplin, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

495
0
Black

RECEIVED 3-17-52
Jasper County Health Office

County File Number 52/3/196
Date Filed 3-17-52

MAR 20 1952

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.

Signed.....
Student Embalmer

Signed W. E. Hudson
Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address Jefferson 1010

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.