

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24823

4495
3

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 321

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. St John's Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
		d. STREET ADDRESS (If rural, give location) 2125 Delaware	
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle) Tracy	
		c. (Last) Ludwick	
		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952	
5. SEX Male		6. COLOR OR RACE White	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	
		8. DATE OF BIRTH 6-20-1892	
		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Police		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	
		11. BIRTHPLACE (City and State or Foreign Country) Ohio /	
		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Margaret Maxwell Sam	
		14. NAME OF HUSBAND OR WIFE Bessie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you are over 65 years of age) NO. 499-07-2338	
		17. INFORMANT'S SIGNATURE OR NAME Bessie Ludwick, 2125 Delaware., 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 Joplin, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Distention ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Arteriosclerosis 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 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ALIEN		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 July 7, 1952, to July 7, 1952, that I last saw the deceased alive on never, 19__, and that death occurred at 10:45 P. M., from the causes and on the date stated above.			
23a. SIGNATURE R. K. Saylor (Degree or title) M.D.		23b. ADDRESS 2801 E. 12th St - Joplin	
		23c. DATE SIGNED 7/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1952	
		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	
		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 7-24-52		REGISTRAR'S SIGNATURE James 138-0 By Charles Lampkin D.R.	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.	

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

RECEIVED 7-26-52
Jasper County Health Office

County File Number 52/7/585

Date Filed 7-26-52

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 Paul A. Dondos

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.