No. 300
10.48

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31165

State File No. 31

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 75

31
1

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem 0331
d. STREET ADDRESS (If rural, give location): McArthur Ave 6

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Earl
c. (Last): Joseph

4. DATE OF DEATH (Month) (Day) (Year): 9/27/52

5. SEX: male 8
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 17/1890
9. AGE (In years last birthday): 61 — 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): Doctor MD
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and State or Foreign Country): Sparland Ill
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Joseph
13b. MOTHER'S MAIDEN NAME: Electa Combs
14. NAME OF HUSBAND OR WIFE: Grace V Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Grace V Joseph Salem Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertensive Cardiovascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of left cheek and left mandible — unknown

19a. DATE OF OPERATION: May 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left cheek-left mandible — operated in May 1952 for
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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4201 H

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* Sept 27, 1952, *that I last saw the deceased alive on* Sept 27, 1952, *and that death occurred at* 12:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. H. Hunt MD
23b. ADDRESS: Salem Mo.
23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 9/30/52
24c. NAME OF CEMETERY OR CREMATORY: Woodland Cem
24d. LOCATION (City, town, or county) (State): Quincy Ill

DATE REC'D BY LOCAL REG.: 9-29-52
REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by MEG 83-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [illegible] Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2320

P. O. Address _____

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.