

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1836

State File No. _____

FILED JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2200 Registrar's No. 2

0495

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

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) JOPLIN		c. LENGTH OF STAY (in this place) 4 YRS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495		
d. FULL NAME OF HOSPITAL OR INSTITUTION 824 CONNER			d. STREET ADDRESS (If rural, give location) 824 CONNER 0		
3. NAME OF DECEASED a. (First) WILLIAM		b. (Middle)	c. (Last) FRITTS	4. DATE OF DEATH (Month) (Day) (Year) JAN. 2, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 31, 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TIE MAKER	10b. KIND OF BUSINESS OR INDUSTRY RAILROADS	11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN BURK, 907 E. 2ND, JOPLIN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILE PSYCHOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIO SCLEROSIS 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 2 YRS. UNK.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500			20. AUTOPSY? YES <input type="checkbox"/> NO <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)	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>1-10</u> , 19 <u>51</u> , to <u>1-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>53</u> , and that death occurred at <u>4:00 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Douglas M.D.		23b. ADDRESS Prisco Bldg Joplin Mo		23c. DATE SIGNED 1/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-5-53	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. 1-8-53	REGISTRAR'S SIGNATURE Ed. O. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker	ADDRESS MORTUARY, JOPLIN, MO.		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-12-53
Jasper County Health Office

County File Number 53/1/38

Date Filed 1-12-53

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Jasper Co 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.