

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH1882
State File No. 32413000

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2522 DIVISION OF HEALTH NO. 34

| | | | |
|---|--|---|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| c. LENGTH OF STAY (in this place) 2 Yrs | | d. STREET ADDRESS (If rural, give location) Earle Hotel.. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2302 Pennsylvania Ave | | | |
| 3. NAME OF DECEASED (Type or Print) Evelyn | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1953 | |
| a. (First) | | b. (Middle) Dale | |
| c. (Last) Weems | | | |
| 5. SEX Female | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 6. COLOR OR RACE White | | 8. DATE OF BIRTH Oct 5, 1867 | |
| 9. AGE (In years last birthday) 85 | | 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) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Homemaking | |
| 11. BIRTHPLACE (City and State or Foreign Country) Omega, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Samuel Smith | | 13b. MOTHER'S MAIDEN NAME Mary Jane Bryan | |
| 14. NAME OF HUSBAND OR WIFE Victor Weems, Dec'd | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No None | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Roy Barcus, 1805 Picher Ave | | ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 4222 | |
| 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) (Min.) | | 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 Jan. 12, 1953, to Jan. 14, 1953, that I last saw the deceased alive on Jan. 14, 1953, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Raul D. The | | 23b. ADDRESS 607 Hrisco Bldg., Joplin, Mo. | |
| 23c. DATE SIGNED 1-19-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-17-1953 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mt Hope | | 24d. LOCATION (City, town, or county) (State) Webb City, Mo | |
| DATE REC'D BY LOCAL REG. 1-21-53 | | REGISTRAR'S SIGNATURE E. B. James | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary | | ADDRESS Joplin, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

495
1

RECEIVED 1-26-53
Jasper County Health Office

County File Number 53/1/77

Date Filed 1-26-53

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

W. E. Hudson

Licensed Embalmer No. 1770

P. O. Address

Jasper, 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.