

# STANDARD CERTIFICATE OF DEATH

6530

State File No. ....

FILED FEB 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>YRS</b>		d. STREET ADDRESS (If rural, give location) <b>1510 NEW HAMPSHIRE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1510 NEW HAMPSHIRE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 9, 1953</b>	
3. NAME OF DECEASED a. (First) <b>DANIEL</b> b. (Middle) <b>ANDREW</b> c. (Last) <b>LEE HASHBARGER</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>AUG 28, 1882</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LATHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL CONSTRUCTION</b>	
11. BIRTHPLACE (State or foreign country) <b>JOHNSON CITY, TENN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GUS HASHBARGER</b>		13b. MOTHER'S MAIDEN NAME <b>PHEBE JANE BARRON</b>	
14. NAME OF HUSBAND OR WIFE <b>BERTHA HASHBARGER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS BERTHA HASHBARGER, 1510 N. H.</b>	
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) <b>Cancer of Lungs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Myocarditis 1561</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Grand Mal Epilepsy</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>Feb. 1950</b> , to <b>Feb. 9, 1953</b> , that I last saw the deceased alive on <b>Feb. 9, 1953</b> , and that death occurred at <b>7:40 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>1702 Joplin St. Joplin, MO.</b>	
23c. DATE SIGNED <b>2-9-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>2-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE</b>	
24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker Mortuary, Joplin, MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-11-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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

RECEIVED 2-16-53  
Jasper County Health Office

County File Number 53/2/169

Date Filed 2-17-53

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

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.