

FILED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6552**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u> <b>0495</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bremer Hospital O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>304 North Schiffedecker</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Osborn</u> (Last) <u>Treat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-26-1889</u>
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Industry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marionville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Treat</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Jane Braslers</u>		14. NAME OF HUSBAND OR WIFE <u>Iva</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Joplin Mo</u>		18. ADDRESS <u>Iva Treat 304 No Schiffedecker</u>	
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Bundle Branch Block</u> 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 <u>4201</u>	
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 Jan <u>1943</u> , to Feb <u>2</u> , 19 <u>53</u> , that I last saw the deceased alive on Jan <u>1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joy E. Myers M.D.</u>		23b. ADDRESS <u>708 Truscobly</u>	
23c. DATE SIGNED <u>Feb 4 1953</u>		23d. (State) <u>Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-9-53</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u> 13*	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Hornhill</u>		ADDRESS <u>Dillon Mortuary Joplin, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3

RECEIVED 2-16-53  
Jasper County Health Office

County File Number 53/2/160

Date Filed 2-17-53

FEB 16 1953

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 David DeLeon

Licensed Embalmer No. 3898

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.