

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10190**

S. No. 300
v. 10.48

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
c. LENGTH OF STAY (in this place) 15 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 N. UNION		d. STREET ADDRESS (If rural, give location) 409 N. UNION	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First) CHARLES	b. (Middle) A	c. (Last) JOICE	4. DATE OF DEATH (Month) (Day) (Year) MAR 31 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 3 - 1892	9. AGE (In years) (last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIROPRACTOR D.C.	10b. KIND OF BUSINESS OR INDUSTRY CHIROPRACTOR	11. BIRTHPLACE (City and State or Foreign Country) BOUTH BOARDMAN - MICH /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHAS. B JOICE	13b. MOTHER'S MAIDEN NAME ALTA N. WHITEHEAD	14. NAME OF HUSBAND OR WIFE MRS. BESSIE E JOICE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 487-12-1332	17. INFORMANT'S NAME AND ADDRESS MRS. BESSIE E. JOICE 409 N. UNION
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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) MYOCARDITIS "ACUTE"		INTERVAL BETWEEN ONSET AND DEATH
	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. OPERATION. STOMACH ULCERS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ULCER OF DUODENUM	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) INDEPENDENCE JACKSON MO
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 **MARCH 29 1952**, to **MARCH 31, 1952**, that I last saw the deceased alive on **MARCH 31, 1952**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arch G Campbell, D.C.	23b. ADDRESS 7-10 Battery Blvd	23c. DATE SIGNED APR 3
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 3 - 1953	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE	24d. LOCATION (City, town, or county) (State) INDEPENDENCE MO
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DATE REC'D BY LOCAL REG. 4-3-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Indep Mo
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(Revised Embellisher's Statement on Reverse Side)

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

APR 21 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 Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indy., 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.