

STANDARD CERTIFICATE OF DEATH

10252

FILED MAR 31 1953

State File No. 10252 Registrar's No. 144

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH  
 a. COUNTY JASPER  
 b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN  
 c. LENGTH OF STAY (In this place) 25 YRS  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1718 ILLINOIS

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)  
 a. STATE MISSOURI b. COUNTY JASPER  
 c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN  
 d. STREET ADDRESS (If rural, give location) 1718 ILLINOIS

3. NAME OF DECEASED  
 a. (First) GLADYS b. (Middle) B. c. (Last) DOTY  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
MARCH 17, 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
 8. DATE OF BIRTH MARCH 31, 1899 9. AGE (In years last birthday) 53 10. MONTHS 5 11. DAYS 17 12. HOURS 0 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE  
 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME  
 11. BIRTHPLACE (State or foreign country) PURCELL, MISSOURI  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME R. L. ROBINSON 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO  
 16. SOCIAL SECURITY NO. -- 17. INFORMANT'S SIGNATURE OR NAME MRS RAY ASHER, 1718 ILLINOIS, JOPLIN ADDRESS -----

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral thrombosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis & Vascular  
Heart Disease  
 DUE TO (c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
Arterio cerebral thrombosis & Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
5 Days  
8 Years  
5 Years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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)  
443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 1948 to March 17, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo 23c. DATE SIGNED 3/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3/19/53 24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL 24d. LOCATION (City, town, or county) (State) JOPLIN, MO.

DATE REC'D BY LOCAL REG. 3-23-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS -----

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

0495

0495

RECEIVED 3-30-53  
Jasper County Health Office

County File Number 53/3/288

Date Filed 9-21-53

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.