

STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1953

State File No. \_\_\_\_\_  
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 136

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

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>10 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>2302 N. FLORIDA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>DOROTHY</b>		c. (Last) <b>DOUTHAT</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 5, 1953</b>	
5. SEX <b>FEMALE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
6. COLOR OR RACE <b>WHITE</b>		8. DATE OF BIRTH <b>NOV. 7, 1871</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>FONTANA, KANSAS</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>DEPT. OF PUBLIC WELFARE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN DOUTHAT</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ANN EMMONS</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. HAL JONES, 2302 N. FLORIDA, JOPLIN</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>Hypertension + arterio-sclerotic heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>arterio-sclerosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>over 3 yrs</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) <b>4200</b>		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>2-23, 1950</b> to <b>3-5, 1953</b> that I last saw the deceased alive on <b>3-5, 1953</b> and that death occurred at <b>6:15</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>JOPLIN, MO.</b>	
23c. DATE SIGNED <b>3-16-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>3-7-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL</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>3-18-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

RECEIVED 3-23-53

Jasper County Health Office

County File Number 53/3/265

Date Filed 3-23-53

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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 Steve Parker

Signed.....  
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address Boyle

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.