

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 34

611  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>	c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY OR TOWN <u>Macon</u> <u>0611</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sheridan &amp; Rollins</u>		d. STREET ADDRESS (If rural, give location) <u>Itschmers Cabins</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Joy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 27 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 15, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Bowling Alley</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Waterlawn S. D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. D. Joy</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Dillman</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes May 1919 - June 1921</u>	16. SOCIAL SECURITY NO. <u>503-12-2623</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Vanderwarka</u> ADDRESS <u>Harrell S.D.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Acute Alcoholism</u> <u>(This is the Verdict of Coroners Jury.)</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3220</u>			

19a. DATE OF OPERATION <u>Mar. 27, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Edema of Lungs &amp; Brain. Heavy Sclerotic Ob. Condition of Coroneries</u>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>0</u> (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Hutton<sup>3</sup> Coroner</u>	23b. ADDRESS <u>309 N. Rubey Macon, Mo</u>	23c. DATE SIGNED <u>Mar 28, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 31, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetary Jefferson City, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>4/1/53</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding, Macon, Mo</u>	ADDRESS _____
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APR 29 1953

MAY 8 8 1953

(2)

RECEIVED 4.7.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 45366  
Date Filed 4.9.53

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.