

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21910

State File No.

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

| | | | | | | | |
|--|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar No. <u>279</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>50 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | 0495 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>824 Connor Ave</u> | | | | d. STREET ADDRESS (If rural, give location) <u>824 Connor Ave</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | | b. (Middle) <u>Thomas</u> | | c. (Last) <u>Waller</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1953</u> |
| 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>12-7-1885</u> | 9. AGE (in years last birthday) <u>67</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Common Laborer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Macon Co, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Thomas Waller</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Waddell</u> | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If no, give war or date of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruby London</u> | | ADDRESS <u>122 1/2 Main Joplin Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</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 | | | | 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) | | B31X | |
| 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 <u>3-19, 1953</u> to <u>6-7, 1953</u> that I last saw the deceased alive on <u>6-7, 1953</u> and that death occurred at <u>4:15</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>H. Hamilton MD</u> | | | (Degree or title) | | 23b. ADDRESS <u>H. HAMILTON, M. Frisco Bldg.</u> | | 23c. DATE SIGNED <u>6-9-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-9-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u> | | 24d. LOCATION (City, town, or county) <u>Joplin Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-17-53</u> | | REGISTRAR'S SIGNATURE <u>Ed S. James</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill Dellow</u> | | ADDRESS <u>West Joplin Mo</u> | |

RECEIVED 6-29-53
Jasper County Health Office

County File Number 53-6-539

Date Filed 6-29-53

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

Wm E. Huddleston

Signed.....

Student Embalmer

Licensed Embalmer No. 4770

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.