

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32162

FILED SEP 29 1953

State File No. _____
Registrar's No. 438

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 438	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF YEARS in this place		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		d. STREET ADDRESS (If rural, give location) 1401 JACKSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1401 JACKSON							
3. NAME OF DECEASED (Type or Print) a. (First) JOSIEM		b. (Middle) *		c. (Last) PETERS		4. DATE OF DEATH (Month) (Day) (Year) SEPT 23 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 14, 1866		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BUFFALO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. F. EVANS		13b. MOTHER'S MAIDEN NAME NANCY SMITH		14. NAME OF HUSBAND OR WIFE UNK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or for unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. E. PETERS 1401 JACKSON JOPLIN			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular Level Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis of the aorta</i> DUE TO (c) <i>Swagel</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i> <i>10 years</i>	
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) <i>4200</i>			
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 <i>Jan 1953</i> , 19____, to <i>9/23</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-22</i> , 19 <i>53</i> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. E. Peters</i>				23b. ADDRESS 421 Frisco Bldg, Joplin, Mo		23c. DATE SIGNED 9/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-26-53		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CMENTERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 9-26-53		REGISTRAR'S SIGNATURE <i>Ed S. James</i> 138 <i>by Selma Sampson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY JOPLIN, MO.			

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

RECEIVED SEP 28 1953

Jasper County Health Office

County File Number 53-9-792

Date Filed SEP 28 1953

JUN 14 1958

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. *2219*.....

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.