

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36247

State File No. _____

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 471

1. PLACE OF DEATH a. CITY <u>JAS Per</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JAS Per</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN MISSOURI</u>		c. CITY OR TOWN <u>JOPLIN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>2008 JOPLIN AVE. 0495 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Johns HosPT.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Chester</u> c. (Last) <u>HOWARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 53</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>Widowed</u>	8. DATE OF BIRTH <u>SEPT 8-1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 mo. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>TILE MASON</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LIBERAL KAN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>NO RECORD</u>	13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.R. BAYSINGER</u>	ADDRESS <u>JOPLIN</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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"/>
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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) <u>334X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 Nov. 11, 1952, to Oct. 20, 1953, that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 5 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Reard M. Phelps</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo.</u>	23c. DATE SIGNED <u>10-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>10-22-53</u>	REGISTRAR'S SIGNATURE <u>624 S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HUR/BUT-Glover</u>	ADDRESS <u>JOPLIN</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 26 1953

Jasper County Health Office

County File Number 53-10-849

Date Filed OCT 26 1953

OCT 27 1953

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.....
Signature of Student Embalmer

Signed..... Dale Glover

Licensed Embalmer No. 459

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.