

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1740

BIRTH NO. <u>FILED FEB 9 1954</u>		REG. DIST. NO. <u>156</u>	PRIMARY REG. DIST. NO. <u>2001</u>	Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If 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) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2330 Adele Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>2330 Adele Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>WHITE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1954</u>		5. SEX <u>Male</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-9-1876</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 2 WKS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Cornelius White</u>			
13b. MOTHER'S MAIDEN NAME <u>Hattie Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>549-12-0107</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth White</u> ADDRESS <u>2330 Adele Ave., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>many years</u>
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) <u>443 X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>1/9</u> , 19 <u>54</u> , to <u>1/19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/13</u> , 19 <u>54</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. N. W. ...</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>717 Frisco Bldg. Joplin, Mo</u>		23c. DATE SIGNED <u>1/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u> ADDRESS <u>Joplin, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-3-54</u>		REGISTRAR'S SIGNATURE <u>Ed S. James 138-U</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1954
Jasper County Health Office
County File Number 54-2-97
Date Filed FEB 8 1954

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed. *W. H. Wilson*

Licensed Embalmer No. 4770

P. O. Address *Jasper 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.