

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5196

State File No. ....

BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> ; b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	d. 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) <b>59</b>		e. STREET ADDRESS (If rural, give location) <b>823 N. LANDRETH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>823 N. LANDRETH</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELSIE</b>	b. (Middle) <b>LOIS</b>	c. (Last) <b>DOUGLAS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 22 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAR 10, 1899</b>	9. AGE (In years last birthday) <b>59</b>	if UNDER 1 YEAR Months	if UNDER 1 HR. Hours	if UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEAVE ISBELL</b>	13b. MOTHER'S MAIDEN NAME <b>ESTELLA MOORE</b>	14. NAME OF HUSBAND OR WIFE <b>EARL DOUGLAS-DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EARL DOUGLAS, JR.</b>	ADDRESS <b>JOPLIN, MO</b>
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18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		<b>4 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced arteriosclerotic and hypertensive heart disease</b> DUE TO (c) <b>Controlled thyrotoxicosis</b>		<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Controlled thyrotoxicosis</b>	<b>2 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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. 1952**, to **2/22**, 19**54**, that I last saw the deceased alive on **2/20**, 19**54**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>421 Frisco Bldg, Joplin, Mo</b>	23c. DATE SIGNED <b>2/23/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL Cem - Joplin</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-25-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>JOPLIN, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 1  
Jasper County Health Office  
County File Number 54-3  
Date Filed MAR 2 19

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 Moore*

Licensed Embalmer No. 45

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.