No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5256

State File No.

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn, Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt 3 Carthage, Mo
d. STREET ADDRESS (If rural, give location): 3 Miles South of Carthage Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Viola
c. (Last): Hoard

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 14, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 7, Days 25, Hours, Min.
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): Minonk, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Francis M. Baldwyn
13b. MOTHER'S MAIDEN NAME: Luella Giddings
14. NAME OF HUSBAND OR WIFE: C. L. Hoard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mr. C. L. Hoard — **ADDRESS**: Rt 3 Carthage Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atherosclerosis of Portal system

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: 5810
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-20, 19__, *to* 2-9, 1954, *that I last saw the deceased alive on* 2-9, 1954, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Berry (Degree or title) DO
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 2-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-54
24c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
24d. LOCATION (City, town, or county) (State): North of Carthage, Mo.

DATE REC'D BY LOCAL REG.: 2-10-54
REGISTRAR'S SIGNATURE: Mrs. Madeline C. Switzer
25. FUNERAL DIRECTOR'S SIGNATURE: Johnston-Arnce-Simpson Mortuary
ADDRESS: Webb City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 16 1954
Jasper County Health Office
County File Number 54-2-120
Date Filed FEB 16 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 .....,

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.