No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9093

State File No. .....

BIRTH FILED APR 14 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 147

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2830 E. 32nd ST.

8495

3. NAME OF DECEASED (Type or Print)
a. (First): SAM
b. (Middle): SIE
c. (Last): AZLIN

4. DATE OF DEATH (Month) (Day) (Year): APR 2 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 22, 1905
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBER MAN
10b. KIND OF BUSINESS OR INDUSTRY: WHOLESALE LUMBER
11. BIRTHPLACE (City and State or Foreign Country): PRAGUE, OKLA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAMMY AZLIN
13b. MOTHER'S MAIDEN NAME: HETTIE —
14. NAME OF HUSBAND OR WIFE: HATTIE AZLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO —
16. SOCIAL SECURITY NO.: 444-10-3535
17. INFORMANT'S SIGNATURE OR NAME: HATTIE AZLIN — ADDRESS: 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, asthenia, 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)	Cerebral vascular accident	2 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis, generalized	5 years
DUE TO (c)	Diabetes mellitus	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Gangrene, right foot.	

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: None 260X
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* 3-27, 1954, *to* 4-2, 1954, *that I last saw the deceased alive on* 4-2-, 1954, *and that death occurred at* 8:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. E. DeTar, Jr., M.D.
23b. ADDRESS: 410 Jackson, Joplin, Missouri
23c. DATE SIGNED: 4-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR 5, 1954
24c. NAME OF CEMETERY OR CREMATORY: OSBORN MEM PARK
24d. LOCATION (City, town, or county) (State): JOPLIN MO

DATE REC'D BY LOCAL REG.: 4-5-54
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: Herbert Glover — ADDRESS: Joplin

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 1
Jasper County Healt
County File Number 54-
Date Filed APR 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dale Geo

Licensed Embalmer No. 45

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.