No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9182

BIRTH FILED MAR 30 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN Carterville, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION ½ mi E. Webb City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Webb City
d. STREET ADDRESS (If rural, give location) 801 W. 12th.

3. NAME OF DECEASED (Type or Print)
a. (First) DELIA
b. (Middle) AGNES
c. (Last) HUEY

4. DATE OF DEATH (Month) MARCH (Day) 22, (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-8 1902
9. AGE (In years last birthday) 51 — 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) Store Operator
10b. KIND OF BUSINESS OR INDUSTRY Dept Store
11. BIRTHPLACE (State or foreign country) Carl Junction, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Bray
13b. MOTHER'S MAIDEN NAME Bird Glascock
14. NAME OF HUSBAND OR WIFE W. G. Huey

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.
17. INFORMANT'S SIGNATURE OR NAME Bob Huey — ADDRESS Joplin, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries Multiple Extreme — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) ① Compound fractures of the right & left ~~tibia & fibulae~~

DUE TO (c) ② Fracture neck right femur

③ ~~Comminuted fracture left radius and ulna~~

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

④ Fracture cervical vertebrae

⑤ Retro orbital hematoma right eye.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. HIWAY "66"
21c. (~~CITY~~, TOWN, OR TOWNSHIP) Carterville 049 (COUNTY) JASPER (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? RAN INTO OR STRUCK BY MO. PAC. RR. SWITCH ENGINE

22. *I hereby certify that I attended the deceased from* (DID NOT TO ATTEND), 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. W. Ernst MD Coroner Jasper County
23b. ADDRESS First Nat'l Bldg – Joplin Mo
23c. DATE SIGNED 3/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/25/1954
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
24d. LOCATION (City, town, or county) Joplin (State) Mo

DATE REC'D BY LOCAL REG. 3-25-1954
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
25. FUNERAL DIRECTOR'S SIGNATURE Don Toney — ADDRESS Carl Junction Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR

MAR 2 9 1954

RECEIVED
Jasper County Health Office
County File Number 54-3-24
Date Filed MAR 2 9 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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.