

15077

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 315

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Butler**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Butler**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff Twp.** c. LENGTH OF STAY (in this place) **14 yrs**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Route 3, Poplar Bluff** e. STREET ADDRESS (If rural, give location) **Route 3**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Lung** b. (Middle) **M.** c. (Last) **Joslin**

4. DATE OF DEATH (Month) (Day) (Year)  
**5-8-54**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **3-5-1881** 9. AGE (In years last birthday) **73** 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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm**

11. BIRTHPLACE (State or foreign country) **Arkansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Joslin** 13b. MOTHER'S MAIDEN NAME **Basha Wasson** 14. NAME OF HUSBAND OR WIFE **Ellen Joslin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ellen Joslin Poplar Bluff Mo.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Septic Ulcer**  
ANTECEDENT CAUSES **Probably Malignant**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Curricles febrile 2 mo**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 mo**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **151 X** 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 (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 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 **29 Mar 1954**, to **8 May 54** that I last saw the deceased alive on **31 May 54**, and that death occurred at **2:30 A.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) **W. H. Johnson MD** 23b. ADDRESS **Poplar Bluff, Mo.** 23c. DATE SIGNED **18 May 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-11-54** 24c. NAME OF CEMETERY OR CREMATORY **Ash Hill** 24d. LOCATION (City, town, or county) (State) **Ash Hill, Mo.**

DATE REC'D BY LOCAL REG. **5/20/54** REGISTAR'S SIGNATURE **R. D. Muehler** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Greer Croy & Fitch Poplar Bluff Mo.**

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

No. 300  
10.48

RECEIVED  
MAY 24 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.