

# STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>126</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>210</u>	
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 (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>30 Yrs</b>		c. CITY OR TOWN <b>Joplin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St John's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>906 1/2 Main Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>WALTERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 4, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>June 10, 1886</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cedarvale, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charles Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Probst</b>		14. NAME OF HUSBAND OR WIFE _____			
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>Arabelle Smith</b>		ADDRESS <b>Cedarvale, Kansas</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5/4/54</b> <b>9:00 pm</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/4/1954</u> , to <u>5/4/1954</u> , that I last saw the deceased alive on <u>5/4/1954</u> , and that death occurred at <u>11:00pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS <b>321 Frisco Building, Joplin, Mo</b>		23c. DATE SIGNED <b>5-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		24b. DATE <b>May 6, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cox Funeral Home</b>		24d. LOCATION (City, town, or county) (State) <b>Cedarvale, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>5-14-54</b>		REGISTRAR'S SIGNATURE <b>James 138</b> <i>by Helene Lampkin's sp.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort</b>		ADDRESS <b>Joplin, Mo</b>	

RECEIVED MAY 24 19  
Jasper County Health Office  
County File Number 54-5-4  
Date Filed MAY 24 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 *David Willow* .....

Licensed Embalmer No. 3898 .....

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.