

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27981**

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>406</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>19 years</u>		c. CITY OR TOWN <u>Joplin</u>		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: <u>1310 Iowa</u>				e. STREET ADDRESS (If rural, give location) <u>1310 Iowa 04450</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luy</u>		b. (Middle) <u>Fred</u>		c. (Last) <u>Points</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-13-54</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 21, 1895</u>	
9. AGE (in years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Ben Points</u>		13b. MOTHER'S MAIDEN NAME <u>Donk Knaw</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-3658</u>		17. INFORMANT'S SIGNATURE (OR NAME) <u>Prover Points</u>		ADDRESS <u>1229 Penn Joplin</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decomposition</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>1343</u> 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>7-31, 1954</u> , to <u>8-13, 1954</u> , that I last saw the deceased alive on <u>8-13, 1954</u> and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. K. Wilson</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1923 SERGEANT</u>		23c. DATE SIGNED <u>8-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burkhardt Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Racine Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-23-54</u>		REGISTRAR'S SIGNATURE <u>W. J. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. James</u>		ADDRESS <u>138 Hawthorn Hill-Dillon Joplin, Mo.</u>	

RECEIVED AUG 30 1954
Jasper County Health Office
County File Number 54-8-224
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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 *William E. Huddleston*.....

Licensed Embalmer No. *477*

P. O. Address *J. P. L...*

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.