

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5272

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 54			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (In this place) 26 years		d. CITY OR TOWN Joplin		e. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.				f. STREET ADDRESS (If rural, give location) 2405 Joplin St. 495					
3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) c. (Last) Archer				4. DATE OF DEATH (Month) (Day) (Year) Feb 13, 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-9-1879			
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Cairo, Ill		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Carlton W. Easley		13b. MOTHER'S MARRIED NAME Mary Jane Purcell		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME (Address) Mrs. Paul Thomson 2405 Joplin St. Joplin, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Essential hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent stroke				INTERVAL BETWEEN ONSET AND DEATH 3 mos. 5 years 20 yrs? 1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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. HOW DID INJURY OCCUR?			
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 1-28-55, 19__, to 2-13-55, 19__, that I last saw the deceased alive on 2-13-55, 19__, and that death occurred at 7:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) M. D. Devers				23b. ADDRESS 308 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 2-15-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 2/16/1955		24c. NAME OF CEMETERY OR CREMATOR Coburn New Park		24d. LOCATION (City, town, or county) Joplin Mo.			
DATE REC'D BY LOCAL REG. 2-18-55		REGISTRAR'S SIGNATURE (Type or Print) G. D. Langer		FUNDAL DIRECTOR'S SIGNATURE (Type or Print) J. H. Brownell		ADDRESS (Type or Print) Joplin Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
FEB 21 1955

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. Huchler

Licensed Embalmer No. *477*

P. O. Address *Spring, 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.