

STANDARD CERTIFICATE OF DEATH

8541

State File No. ....

FILED APR 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2001 Registrar's No. 123

1. PLACE OF DEATH

a. COUNTY **JASPER**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN**

c. LENGTH OF STAY (In this place) **4 MOS**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **310 KENTUCKY AVE.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **MISSOURI** b. COUNTY **JASPER**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN** 0495

d. STREET ADDRESS (If rural, give location) **310 KENTUCKY AVE.**

3. NAME OF DECEASED

a. (First) **BYRON** b. (Middle) **STEWART** c. (Last) **ELMS**

4. DATE OF DEATH (Month) (Day) (Year) **MARCH 26, 1955**

5. SEX **M** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED**

8. DATE OF BIRTH **JUNE 3, 1895** 9. AGE (In years last birthday) **59** 10 UNDER 1 YEAR Months Days 11 OVER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PORTER** 10b. KIND OF BUSINESS OR INDUSTRY **MODEL CLOTH. CO.** 11. BIRTHPLACE (State or foreign country) **OSWEGO, KANSAS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unk** 13b. MOTHER'S MAIDEN NAME **Unk** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **Unk** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **MRS LIZA PEMBERTON, 506 1/2 KENTUCKY AVE** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **Less than 12 hrs.**

\* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

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

DUE TO (b) **Hypertensive Cardio Renal Strain**

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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **12:00, Nov 21, 1955**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Wesbeul and Emma James** (Degree or title) **3** 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED **3/28/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3-30-55** 24c. NAME OF CEMETERY OR CREMATORY **Tibbets Cemetery** 24d. LOCATION (City, town, or county) (State) **Oswego, Kansas**

DATE REC'D BY LOCAL REG. **3-29-55** REGISTRAR'S SIGNATURE **John S. James** 138 25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY, JOPLIN, MO.** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 23-7  
Date Filed APR 4 - 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *2519*

P. O. Address *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.