

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40327**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY OR TOWN MOUND CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN MOUND CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 15 yrs.		e. STREET ADDRESS (If rural, give location) 0490	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) E.	c. (Last) JOSLIN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 25, 1890	9. AGE (In years last birthday) 85	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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ODD JOBS		11. BIRTH PLACE (City and State or Foreign Country) HARRISON Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN JOSLIN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE EUNICE A. JOSLIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-32-5408	17. INFORMANT'S SIGNATURE OR NAME MAUDE ROBINSON	ADDRESS MOUND CITY, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	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.		4500	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 12, 1952** to **Dec 22, 1955**, that I last saw the deceased alive on **Dec 21, 1955** and that death occurred at **3 a.** m., from the causes and on the date stated above.

23a. SIGNATURE D. Perry M.D. (Degree or title)	23b. ADDRESS Mound City Mo.	23c. DATE SIGNED 12-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-26-55	24c. NAME OF CEMETERY OR CREMATORY PRARIE HOME Cem.	24d. LOCATION (City, town, or county) (State) GRAHAM, MO.
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DATE REC'D BY LOCAL REG. 12/24/55	REGISTRAR'S SIGNATURE James Crawford	25. FUNERAL DIRECTOR'S SIGNATURE James Crawford	ADDRESS Mound City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James H Crawford*
Licensed Embalmer No. *479*
P. O. Address *Mound*

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.