

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16776

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 218			
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 township) <u>Joplin</u>		c. LENGTH OF STAY (If this place) <u>48 days</u>		c. CITY OR TOWN <u>Joplin</u>		d. 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>St. Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>622 Empire Ave</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Will</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Judd</u>			
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>7</u>		(Year) <u>'56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-8-1884</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bracery</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Anonymous</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Lulu</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
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) <u>Cardiac failure</u>				ANTECEDENT CAUSES				2 months.	
DUE TO (b) <u>Myocardial infarction.</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2 months.	
DUE TO (c) <u>Arteriosclerotic heart disease</u>				II. OTHER SIGNIFICANT CONDITIONS				?	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiomegaly, cause undetermined.</u>				19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION				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) <u>4200</u>				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				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>March 22</u> 19 <u>56</u> , to <u>May 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>56</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. O. Leese</u>				23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>				23c. DATE SIGNED <u>5-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-15-56</u>		REGISTRAR'S SIGNATURE <u>Noora Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thom Keel-Dillon Joplin</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 21 1959
Jasper County Health Officer
County File Number 56-5-423
Date Filed MAY 21 1959

APR 22 1959
APR 7 1959

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. Hendrickson*

Licensed Embalmer No... 47

P. O. Address *Joplin*

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.