

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3547

FILED JAN 30 1957

BIRTH NO. REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT		c. LENGTH OF STAY (in this place) 6 mo.	c. CITY-OR TOWN PIEDMONT
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ✓		e. STREET ADDRESS (If rural, give location) ✓ 1100	
3. NAME OF DECEASED a. (First) LISH		b. (Middle) A.	c. (Last) JOINER
4. DATE OF DEATH (Month) (Day) (Year) 1 16 1957		5. SEX MALE	
6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 22, 1877	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	11. BIRTHPLACE (City and State or Foreign Country) 0 TASKEE, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME EDWARD JOINER		13b. MOTHER'S MAIDEN NAME KATHERENE SMITH	14. NAME OF HUSBAND OR WIFE ANNA JOINER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD JOINER PIEDMONT, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) De-compensating heart		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) age		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 4222		20. AUTOPSY? 0 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 (Month) (Day) (Year) (Hour) OF INJURY	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 12/21, 1956, to 12/31, 1956, that I last saw the deceased alive on 12/31, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Clinch M.D. (Degree or title)		23b. ADDRESS Piedmont, Mo.	23c. DATE SIGNED 1/19/57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-17-57	24c. NAME OF CEMETERY OR CREMATORY MILL SPRING	24d. LOCATION (City, town, or county) (State) MILL SPRING, Mo.
DATE REC'D BY LOCAL REG. Jan. 19, 1957	REGISTRAR'S SIGNATURE Hazel Ward	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dick Funeral Home Marvin E. Bowler Piedmont, Mo.	

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

RECEIVED
JAN 23 1957
WAYNE CO. HEALTH CENTER

FILE NO.

1957 JAN 23

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 me....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowler.....

Licensed Embalmer No. 442

P. O. Address Piedmont

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.