

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1705
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 4

300
1-57

| | | | | | | |
|--|---------------------------|--|---|--|---|--|
| 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 (If outside corporate limits, give TOWNSHIP OR TOWN) Joplin Township | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hope Manor | | Length of stay in lb 82 Yrs | d. STREET ADDRESS (If outside, give location) 615 Hampton Pl | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Dora Landauer Black | | | 4. DATE OF DEATH Month Day Year 1-5-1958 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-26-1868 | 9. AGE (In years last birthday) 89 | 10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Homemaking | 11. BIRTHPLACE (City and state or country) Nashville, Tenn | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Samuel Landauer | | 13b. MOTHER'S MAIDEN NAME Bertha Hill | | 14. NAME OF HUSBAND OR WIFE Louis Black Dec'd | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address M. H. Black MD 615 Hampton Pl Joplin, Mo | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>22 years</u> <u>12 years</u> <u>15 years</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | | |
| 21. I attended the deceased from <u>September 1955</u> <u>1/5/58</u> and last saw her <u>live on</u> <u>1/5/58</u> Death occurred at <u>12:45</u> P on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Merrill Black MD</u> | | | 22b. ADDRESS <u>Joplin Missouri</u> | | 22c. DATE SIGNED <u>1/5/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 23b. DATE <u>1-8-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newcomer's and Son</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary Joplin, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-11-58</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

County Health Office
County File Number 57-1-48
Filed 11-1-1980

VS AUG 16 1980

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 *David E. Dillon*

Licensed Embalmer No. *3898*
P. O. Address *Joplin, 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.