MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047380
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 665

FILED JAN 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0499
2	0499
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4	1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in lb: 36 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2302 Pennsylvania — Inside Limits: Yes ☑ # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☑ # No ☐
d. STREET ADDRESS (If outside, give location): 1217 Iowa — Reside on Farm: Yes ☐ No ☑ #

3. NAME OF DECEASED (Type or print): First: Sarah — Middle: Grace — Last: DuBois
4. DATE OF DEATH: Month: December — Day: 30 — Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ # Divorced ☐
8. DATE OF BIRTH: 11-14-1881
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: home
11. BIRTHPLACE (City and state or country): Pittsburg, Kans.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Geo. Washington Masters
13b. MOTHER'S MAIDEN NAME: Clarissia Katherine Ryker
14. NAME OF HUSBAND OR WIFE: Guy DuBois (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Irwin Dubois, Address: 1217 Iowa, Joplin, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease & Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-23-62, to 12-30-1962 and last ~~saw~~ her/him alive on 12-30-62
Death occurred at 10:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: 2125 Jackson Ave Joplin — 22c. DATE SIGNED: 1-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1-1-1963 — 23c. NAME OF CEMETERY OR CREMATORY: Stone Cemetery — 23d. LOCATION (City, town, or county) (State): Jasper County, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Mason Chapel, 108 Range Line, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 1-3-1963
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.