

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27045A

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. _____

| | | | |
|--|--|--|--|
| 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>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pineville, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. John's Hospital</u> | | d. STREET ADDRESS (If rural, give location) | |

| | | | |
|---|---------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Arel</u> | b. (Middle) <u>Luella</u> | c. (Last) <u>Testerman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1936</u> |
|---|---------------------------|----------------------------|--|

| | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|-------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 11, 1900</u> | 9. AGE (In years last birthday) <u>36</u> | IF UNDER 1 YEAR Days <u>1</u> | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|---------------------------------------|---|-------------------------------|--|

| | | | |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Pineville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|--|--|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Jess Bonebrake</u> | 13b. MOTHER'S MAIDEN NAME <u>Orge Bishop</u> | 14. NAME OF HUSBAND OR WIFE <u>Orval Testerman</u> |
|--|--|--|

| | | |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Orval Testerman</u> ADDRESS <u>Pineville, Mo.</u> |
|--|-------------------------------------|--|

| | | | |
|---|--|--|----------------------------------|
| 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>Myocardial failure</u> | | <u>about 48 hrs.</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Bilateral salpingitis with</u> <u>over 6 wks.</u> DUE TO (c) <u>Pelvic abscess.</u> <u>over 6 wks.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|---|--|
| 19a. DATE OF OPERATION <u>July 18, 1936</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Bilateral pyosalpingitis and left tubal ovarian abscess</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 July 6, 1936, to July 24, 1936, that I last saw the deceased alive on July 24, 1936, and that death occurred at a. m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE <u>Orval Testerman</u> (Degree or title) | 23b. ADDRESS <u>527 Frisco Building, Joplin, Mo</u> | 23c. DATE SIGNED <u>7-11-49</u> |
|---|---|---------------------------------|

| | | | |
|--|-----------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u> | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY <u>Pineville, Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Pineville Mo</u> |
|--|-----------|---|---|

| | | |
|---|---------------------------------------|---|
| DATE REC'D BY LOCAL REG. <u>7-11-49</u> | REGISTRAR'S SIGNATURE <u>Ed James</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Carnell</u> ADDRESS <u>Pineville, Mo.</u> |
|---|---------------------------------------|---|

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

RECEIVED
JUL 14 1949
MISSOURI STATE
SERVICE OFFICER'S DEPT.

JUL 14 1949

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.