

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30727

State File No.

Registrar's No.

FILED SEP 18 1946

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution 10 years  
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee  
(c) City or town Baxter Springs  
(d) Street No. 313 E 16 st  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Hela Ada Stigale

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31  
year 46 hour 2 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 8-2-46 to 8-2-46  
that I last saw her alive on 8-2-46  
and that death occurred on the date and hour stated above

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 11 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>67</u>	<u>67</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation House work

11. Industry or business Retired

MOTHER FATHER

12. Name unde  
13. Birthplace unde  
14. Maiden name unde  
15. Birthplace unde

16. (a) Informant Floyd Aubuchon  
(b) Address Salina R. F. # 1

17. (a) Removal (b) Date thereof 8-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs

18. (a) Signature of funeral director Hazdys-Wane  
(b) Address Baxter Springs Kans.

19. (a) 8-8-46 (b) Ed [Signature]  
(Date received local registrar) (Registrar's signature)

Immediate cause of death myocardial infarction  
Due to chronic myocarditis  
Due to appendiceal abscess of terminal no. duration  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 2 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: huge appendiceal abscess  
Of operations \_\_\_\_\_  
Of autopsy 121

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
23. Signature Ed [Signature] (M. D. or other) \_\_\_\_\_  
Address Joplin Mo. Date signed 8-9-46

138

(Licensed Embalmer's Statement on Reverse Side)

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

46-8-740

SEP 26 1945

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.....

Hoskins-Wene Funeral Home, Registered Apprentice No. ....

working under my personal supervision.

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Springs 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 this body is not embalmed, fact should be so stated above.