

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19867

State File No. _____

FILED JUL 15 1948

Registration District No. 56

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1116 Picher Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Mabeele T. Tadlock
3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-10-3021
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hal F. Tadlock 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 15 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Stockton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Charles O. Gilmoee

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Street
(City, town, or county) (State or foreign country)

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hal T. Tadlock

(b) Address 1116 Picher Avenue

17. (a) Burial (b) Date thereof 6 23 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(Specify type of place)

(b) Address Joplin, Missouri

19. (a) 6-22-48 (b) Delores Sampson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 Picher Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 19 1948
19 46 June 19 1948, 19 _____
that I last saw her alive on June 19 1948, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver.
anemia.
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Duration

Major findings: Gall stone removed.
Of operations and bladder drained August 1947
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?
White at work? _____ (Specify type of place) _____ (Specify means of injury)
Signature [Signature] (M. D. or other)
Address FRISCO Bldg, Joplin, Mo. Date signed _____

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Cecilia Thombelie

Licensed Embalmer No. 3590

P. O. Address. Applie, ms

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.