

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1553

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 8

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, write RURAL and give town) JOPLIN		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Pittsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1616 Wall Street		d. STREET ADDRESS 1616 Wall Street			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA ANN b. (Middle) BROWN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 4, 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16, 1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PITTSBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM JOHNSON		13b. MOTHER'S MAIDEN NAME FLORIA PITTS		14. NAME OF HUSBAND OR WIFE NO RECORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME H. H. BROWN, 1616 Wall, Joplin, Mo		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ?			INTERVAL BETWEEN ONSET AND DEATH ? 3
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-3 , 1949, to 1-4 , 1949, that I last saw the deceased alive on 1-3 , 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Ernest Mitchell M.D.			23b. ADDRESS Joplin Mo		23c. DATE SIGNED 1-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-49	24c. NAME OF CEMETERY OR CREMATORY Pittsburg		24d. LOCATION (City, town, or county) (State) Pittsburg, Missouri	
DATE REC'D BY LOCAL REG. 1-8-49		REGISTRAR'S SIGNATURE Edw. James	25. FUNERAL DIRECTOR'S SIGNATURE PARKER-HUNSAKER, JOPLIN, MISSOURI		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

49
2
5

SEP 29 1958

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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

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