

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1556

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 7

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>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1406 Iowa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1406 Iowa, /</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u> b. (Middle) <u>EVALYN</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 49</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-23-1858</u>
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 1 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>Douglas County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>S. S. STACEY</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	14. NAME OF HUSBAND OR WIFE <u>NO RECORD</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN ROSCOE CAMPBELL, 1406 Iowa,</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492</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) (Min.)	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 <u>9 2</u> , 19 <u>48</u> , to <u>1-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-4</u> , 19 <u>49</u> , and that death occurred at <u>11:55 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gen. J. Matthews</u>		23b. ADDRESS (c) <u>401 Paris Bldg Joplin</u>	23c. DATE SIGNED <u>1-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-7-49</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PARKER-HUNSAKER MORTUARY, JOPLIN, MO</u>	

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

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.