

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **52777**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>8 months</b>		d. STREET ADDRESS (If rural, give location) <b>919 W Sixth St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>919 W. Sixth St. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b> b. (Middle) <b>Frances</b> c. (Last) <b>Armitage</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 7 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 23, 1871</b>		9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (state or foreign country) <b>Mt. Vernon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>F. M. Costley</b>		13b. MOTHER'S MAIDEN NAME <b>Vallerie Davis</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Nettie Stephens</b> ADDRESS <b>919 W. 5th St.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer metastasis of breast</b>				<b>2 yrs.</b>	
		ANTECEDENT CAUSES <b>breast extension</b>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>radical operation</b> DUE TO (b) <b>Cancer of breast</b> DUE TO (c) _____				<b>807107259</b>	
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 <b>1701</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **Jan. 1949** to **Feb. 7, 1949**, that I last saw the deceased alive on **Jan. 1949**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nash. L. Hefner</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Joplin Mo.</b>		23c. DATE SIGNED <b>2/9/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/10/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City Mo</b>	
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DATE REC'D BY LOCAL REG. <b>2-9-49</b>		REGISTRAR'S SIGNATURE <b>Ed. J. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred K. Hurlbut</b> ADDRESS <b>Joplin, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1957

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.

Signed Wab Glover

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 45-913

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.