

5. No. 300  
10. 48

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16366

State File No. 5581

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 254

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 township) Joplin Rt# 2		c. CITY (If outside corporate limits, write RURAL and give township) Joplin Rt# 2	
c. LENGTH OF STAY (In this place) 2 Years		d. STREET ADDRESS (If rural, give location) 6 mi East on 20th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. East on 20th Street			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Eliza	b. (Middle) Jane	c. (Last) Spoon	DEATH May 30, 1949		

5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months Days Hours Min.	# UNDER 100 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Near Bakersfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Levi Casey	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Langley (Home)	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arterio-sclerosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 1947, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 11:55a m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. D. Martin</i>	(Degree or title) D.O.	23b. ADDRESS 709 Joplin Street, Joplin Mo	23c. DATE SIGNED 6-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 30, 1949	24c. NAME OF CEMETERY OR CREMATORY Goodson Funeral Home	24d. LOCATION (City, town, or county) (State) Picher, Okla.
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DATE REC'D BY LOCAL REG 6-1-49	REGISTRAR'S SIGNATURE <i>J. D. Martin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon</i>	ADDRESS Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed *James Phillips*

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

Licensed Embalmer No. 7646

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.