

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16563

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 36

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MCDONALD CO.</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Anderson</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN in St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  | d. STREET ADDRESS (If rural, give location) <u>906 1/2 Main St.</u>   |  |

|  |            |             |                       |   |
|--|------------|-------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>DOROTHY</u> | a. (First) | b. (Middle) | c. (Last) <u>WARE</u> | 4. DATE OF DEATH (Month) <u>3</u> (Day) <u>5</u> (Year) <u>49</u> |
|--|------------|-------------|-----------------------|---|

|                      |                               |  |                                      |   |                                 |  |
|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>June 5, 1920</u> | 9. AGE (In years last birthday) <u>28</u> | IF UNDER 1 YEAR Months <u>9</u> | IF UNDER 24 HRS. Days <u>0</u> Hours <u>0</u> Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------------|--|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waitress</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>waitress</u> | 11. BIRTHPLACE (State or foreign country) <u>Carl Junction, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|                                     |  |                                   |
|-------------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Earl Doty</u> | 13b. MOTHER'S MAIDEN NAME <u>Carrie Snyder</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|-------------------------------------|--|-----------------------------------|

|   |                               |  |
|---|-------------------------------|--|
| 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 <u>Mrs. Carrie Bates,</u> ADDRESS <u>Joplin, Mo.</u> |
|---|-------------------------------|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about farm, factory, street, or on hlg., etc.) <u>Anderson, McDonald Co.</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Anderson, McDonald Co. Mo.</u> |
|--|--|---|

|   |   |  |
|---|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-5-49-7P.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Auto collided with car</u> |
|---|---|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. M. Humphrey</u> (Degree or title) _____ | 23b. ADDRESS <u>Roseville, Mo.</u> | 23c. DATE SIGNED <u>4-29-49</u> |
|--|------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-12-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Carl Junction Mo.</u> |
|---|--------------------------|--|--|

|   |   |     |  |
|---|---|-----|--|
| DATE REC'D BY LOCAL REG. <u>4-29-49</u> | REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u> | 423 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary,</u> ADDRESS <u>Joplin, Mo.</u> |
|---|---|-----|--|

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

60  
39

RECEIVED

District Health Officer No. 6;

District File Number 549-549

Date Filed 5-23-49

AUG 31 1949

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.