

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23847

State File No.

44
25

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 334

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 OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>6 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>2706 East 7th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA General Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>Carey</u> c. (Last) <u>MARVIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 25, 1899</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR <u>7</u> Months <u>4</u> Days	IF UNDER 2 HRS. <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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Penn.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John C. Jefferies</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Russell Marvin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>416-30-5261</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Marvin 2706 E. 7th St. Joplin</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>	
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 <u>7/28</u> , 19 <u>49</u> , to <u>7/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/29</u> , 19 <u>49</u> , and that death occurred at <u>5:10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Newlin M.D.</u>		23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>7/30/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 31, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>McKeesport, Penn.</u>
DATE REC'D BY LOCAL REG. <u>8-2-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>	

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

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-597

Date Filed 8-13-49

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

William F. Huddleston

Student Embalmer No. 324

working under my personal supervision.

Student

William E. Huddleston
Student Embalmer

Signed

Ceila Thornhill

Licensed Embalmer No. 3590

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.