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FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27189**

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 300d Registrar's No. 943

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) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>E. Cnty Line, R 2, Box 94A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Goodhope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 12, 1882</u>	9. AGE (in years last birthday) <u>66</u>	10. MONTHS <u>8</u>	10. DAYS <u>20</u>	10. HOURS <u>20</u>	10. MIN. <u>0</u>
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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>Parker, S. D.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Nocholes Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Goodhope</u>
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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>Jacob Goodhope, R 2, Box 94A, Joplin</u>	17. 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, asthma, 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) <u>Uremia</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Rectum</u>		<u>2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colostomy</u>		<u>154X</u>	

19a. DATE OF OPERATION <u>25 July</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of rectum without metastases</u>	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 July, 1948, to Aug 1, 1949, that I last saw the deceased alive on 1 Aug, 1949, and that death occurred at 12 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Hunsaker</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>2 Aug 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-4-49</u>	REGISTRAR'S SIGNATURE <u>W. H. Hunsaker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker</u>	25. ADDRESS <u>Parker-Hunsaker Mortuary, Joplin, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-29-49

Jasper County Health Office

County File Number 49-8-628

Date Filed 8-29-49

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.

Signed F. M. Jones

Signed _____
Student Embalmer

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.