

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27210

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2107 Registrar's No. 589

49  
Hawthorn, Mo  
23

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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>915 Missouri Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Carrie</b>	b. (Middle) <b>Coiner</b>	c. (Last) <b>STILES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 28, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 26, 1860</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>	11. BIRTHPLACE (State or foreign country) <b>Athens, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>David Dust</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mattox</b>	14. NAME OF HUSBAND OR WIFE <b>E.J. Stiles (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>J.T. Fleschaker</b>	ADDRESS <b>404 North Byers Joplin</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic mitral insufficiency</b> DUE TO (c) <b>Rheumatic fever</b>		<b>over 1 yr.</b> <b>2</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pellagra, nutritional</b>			<b>2 Mo</b>

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) <b>410X</b>
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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 2-3, 1948 to 8-28, 1949, that I last saw the deceased alive on 8-28, 1949, and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. H. Davis, M.D.</b> (Degree or title)	23b. ADDRESS <b>Trisco Bldg. Joplin Mo</b>	23c. DATE SIGNED <b>8-29-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 31, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-30-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mortuary</b>	ADDRESS <b>Joplin, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-6-49

Jasper County Health Office

County File Number 49-8-680

Date Filed 9-9-49

**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 E. Huddleston

Student Embalmer No. 324

working under my personal supervision.

Student William E. Huddleston  
Student Embalmer

Signed John A. Dondie

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.