

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30757

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 418

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		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 116 West 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns			

3. NAME OF DECEASED (Type or Print) a. (First) PEARL	b. (Middle) J.	c. (Last) EMBREY	4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 27, 1881	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR (Month) (Day) 9 20 IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Stoner	13b. MOTHER'S MAIDEN NAME Laura Davis	14. NAME OF HUSBAND OR WIFE widowed
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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. none	17. INFORMANT'S SIGNATURE OR NAME Roy Embrey	ADDRESS Rt. 1 Joplin, Mo.
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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 2-3 wks years 584X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) obstruction of common duct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cholelithiasis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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 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) (Minute)	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 9-8-1949, to 9-17-1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 4:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Wm. J. Ferguson (Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 9/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-49	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	24d. LOCATION (City, town, or county) (State) Jasper Mo.
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DATE REC'D BY LOCAL REG. 9-21-49	REGISTRAR'S SIGNATURE Ed J. James	25. FUNERAL DIRECTOR'S SIGNATURE Hodge-Lewis	ADDRESS Webb City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—5

RECEIVED 9-26-49
Jasper County Health Office

County File Number 49-9-757

Date Filed 9-29-49

NOV 2 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 Edward J. Lewis

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.