

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30769

State File No.

 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 8001 Registrar's No. 392

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. LENGTH OF STAY (in this place) 51 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2627 East 3rd. Street				d. STREET ADDRESS (If rural, give location) 2627 East 3rd. Street	

3. NAME OF DECEASED (Type or Print) Cora Bell MANN			4. DATE OF DEATH (Month) (Day) (Year) September 2, 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days 0 27	IF UNDER 24 HRS. Hours Min. 0 0
-------------------------	------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Neodesha, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	---

13a. FATHER'S NAME James M. Ward	13b. MOTHER'S MAIDEN NAME Mary Briles	14. NAME OF HUSBAND OR WIFE Fred Mann
--	---	---

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. NO.	17. INFORMANT'S SIGNATURE OR NAME Fred Mann	ADDRESS 2627 East 3rd. Joplin, Mo.
---	---------------------------------------	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis and cholelithiasis		undetermined undetermined undetermined	

19a. DATE OF OPERATION 7/25/49	19b. MAJOR FINDINGS OF OPERATION Thick walled gall bladder with numerous stones	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) 584x
--	--	--

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? 0
--	--	--

22. I hereby certify that I attended the deceased from 7/2, 1949, to 9/22, 1949, that I last saw the deceased alive on 8/24, 1949, and that death occurred at 1:30P. m., from the causes and on the date stated above.

23a. SIGNATURE X	(Degree or title) M. D.	23b. ADDRESS 420 Byers Avenue Joplin, Missouri	23c. DATE SIGNED 9/8/49
----------------------------	-----------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. 9-9-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Thornhill-Dillon Mort. Joplin, Mo.
---	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-23-49

Jasper County Health Office

County File Number 49-9-723

Date Filed 9-24-49

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

Charles E. Frey

Student Embalmer No. 325

working under my personal supervision.

Student Charles E. Frey
Student Embalmer

Signed

Jesse P. Sullivan

Licensed Embalmer No. 4646

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.