

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30801

State File No.

4906

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 163

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) OR TOWN Duenweg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg (RURAL-JOPLIN TWP.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL-JOPLIN TWP		d. STREET ADDRESS (If rural, give location) 6011 Webb St.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) L c. (Last) Hitt			4. DATE OF DEATH (Month) (Day) (Year) Sept 16, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 8, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 7 IF UNDER 1 HRS. Days 8 Hours Min.
11. BIRTHPLACE (State or foreign country) Diamond Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion Renfro		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Geo Ball, 601 Webb Duenweg 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia, hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis Chronic 5 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 June 12, 1949, to Sept 16, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.			
23a. SIGNATURE George H. Wood M.D.		23b. ADDRESS Carthage Mo	
23c. DATE SIGNED Sept 18 '49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-1949	
24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. SEPT. 23; 1949		REGISTRAR'S SIGNATURE R. Seatchell M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin. Mo.			

RECEIVED 9-26-49

Jasper County Health Office

County File Number 49-9-734

Date Filed 9-28-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *F. M. Jones*

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 with the above constitutes grounds for revocation of license.)

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