

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34130

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

49  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 453

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) <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>13 years</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		d. STREET ADDRESS (If rural, give location) <b>1314 Virginia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1314 Virginia</b>	
3. NAME OF DECEASED a. (First) <b>LAURA</b>		b. (Middle) <b>ALICE</b>	
c. (Last) <b>DUPRAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 13, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 29, 1878</b>
9. AGE (In years last birthday) <b>71</b>		10. MONTHS <b>5</b>	11. DAYS <b>13</b>
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>Homemaking</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Sewell</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Renfro</b>		14. NAME OF HUSBAND OR WIFE	
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>Mrs. Leo Riley</b>		ADDRESS <b>Joplin, Mo.</b>	
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) <b>Lymphatic Leukemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5 MONTHS</b>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <b>March</b> , 1947, to <b>Oct 13</b> , 1949, that I last saw the deceased alive on <b>Oct 12</b> , 1949, and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Schutte</b> (Degree or title) _____		23b. ADDRESS <b>James Bldg - Joplin</b>	
23c. DATE SIGNED <b>10-17-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>10-15-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Neodesha C.M.</b>	
24d. LOCATION (City, town, or county) (State) <b>Neodesha, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mortuary</b>	
25. ADDRESS <b>Joplin, Mo.</b>		DATE REC'D BY LOCAL REG. <b>10-14-49</b>	
REGISTRAR'S SIGNATURE <b>W. Schutte</b>		25. ADDRESS <b>Thornhill-Dillon Mortuary, Joplin, Mo.</b>	

RECEIVED 11-1-49  
Jasper County Health Office

County File Number 49-10-850

Date Filed 11-8-49

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

Jesse O. Sullivan  
working under my personal supervision.

Student Embalmer No. 325

Signed Charles E. Frey  
Student Embalmer

Signed Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Jasper, 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.