

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41464

State File No. ....

FILED DEC 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 533

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>St John Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1125 Indiana</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Fern</b>	b. (Middle) <b>Pearl</b>	c. (Last) <b>Elliott</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 31, 1896</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 2 HRS. Days <b>5</b>	Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Joplin, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Lansdown</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel Elliott</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Samuel Elliott, 1125 Indiana Joplin</b>	ADDRESS <b>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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</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>2602</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 11-25, 1949, to 12-6, 1949, that I last saw the deceased alive on 12-5, 1949 and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>A. H. Crawford, M.D.</b> (Degree or title)	23b. ADDRESS <b>Joplin, Mo.</b>	23c. DATE SIGNED <b>12/7/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-8-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saginaw Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saginaw, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-49</b>	REGISTRAR'S SIGNATURE <b>Edw. J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary</b>	ADDRESS <b>Joplin, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49  
2  
5

RECEIVED 12-23-49  
Jasper County Health Office

County File Number 49-12-963

Date Filed 12-27-49

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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 John 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.