

FILED APR 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9250

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 130

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  
 c. LENGTH OF STAY (In this place) 4 Mo.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 2214 Picher

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
 a. STATE Missouri  
 b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  
 d. STREET ADDRESS (If rural, give location) 2214 Picher

3. NAME OF DECEASED (Type or Print)  
 a. (First) Alma L. b. (Middle) Donica c. (Last) Donica  
 4. DATE OF DEATH (Month) (Day) (Year) March 18 1950

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 29, 1906 9. AGE (In years last birthday) (If under 1 year) (Months) (Days) (If under 12 hours) (Hours) (Mins.) 43 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Sorento, Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John R. Chesnut 13b. MOTHER'S MAIDEN NAME Evelyn Woosley 14. NAME OF HUSBAND OR WIFE Ray H. Donica

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Ray H. Donica ADDRESS \_\_\_\_\_

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Cervix & Metastasis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_  
 rise to the above cause (a) stating the underlying cause last.  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. 171X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1-6, 1950, to 3-18, 1950 that I last saw the deceased alive on 1-18, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. B. Schosber, M.D. (Degree or title) 23b. ADDRESS Joplin, Mo. 23c. DATE SIGNED 3-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-18-50 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Sorento, Ill.

DATE REC'D BY LOCAL REG. 3-20-50 REGISTRAR'S SIGNATURE James J. [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary ADDRESS Joplin Mo.

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

RECEIVED 4-3-50

Jasper County Health Office

County File Number 50-3-243

Date Filed 4-3-50

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.