

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9253

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Joplin General Hospital		d. STREET ADDRESS (If rural, give location) Zahn Apartmetns	

3. NAME OF DECEASED a. (First) William b. (Middle) E. c. (Last) Fees			4. DATE OF DEATH (Month) (Day) (Year) 2 / 6 / 50		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 28 1873		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	
11. BIRTHPLACE (State or foreign country) Lower Merion, Pa		12. CITIZEN OF WHAT COUNTRY? U.S.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME DTK		13b. MOTHER'S MAIDEN NAME DTK		14. NAME OF HUSBAND OR WIFE Mrs Nora Fees, John Apt. Des.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS Mrs Nora Fees, John Apt. Des.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart & Respiratory failure			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1991
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastatic carcinoma			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Carcinoma glands of neck			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma gland of neck			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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 7/11, 1948, to 2/6, 1950, that I last saw the deceased alive on 2-6, 1950, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Seiber		23b. ADDRESS Joplin		23c. DATE SIGNED 2-6-50	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-1950		24c. NAME OF CEMETERY OR CREMATORY Parsons, Kansas	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 2-7-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495

RECEIVED 2-20-50  
Jasper County Health Office

County File Number 50-3-124

Date Filed 3-15-50

APR 11 1950

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 Leila Shankill

Licensed Embalmer No. 3590

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.