

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 12 1950 STANDARD CERTIFICATE OF DEATH

9358

State File No. 67-130

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4444 Registrar's No. 60

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 Carterville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home - 318 E. Main		d. STREET ADDRESS (If rural, give location) 318 E. Main	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Lucinda c. (Last) McHargue Black			4. DATE OF DEATH (Month) (Day) (Year) April 3 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 17 1867
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown		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) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Manlove, Wichita Kans 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis and gangrene right leg ANTECEDENT CAUSES: DUE TO (b) Arterio sclerosis Morbid conditions, if any; giving 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
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 3-21, 1950, to 4-3, 1950, that I last saw the deceased alive on 4-1, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. M. O. Berganson MD		23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 4-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar 5-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. APR 6-50	REGISTRAR'S SIGNATURE J. R. Sulewski	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.	

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

RECEIVED 4-11-50

Asper County Health Office

County File Number 50-3-296

Date Filed 4-11-50

Signature

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.