

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13443**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>205</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>				d. STREET ADDRESS (If rural, give location) <u>1505 Picher</u>					
3. NAME OF DECEASED (Type or Print) <u>Marie</u>			a. (First)		b. (Middle) <u>Alden</u>		c. (Last)		
4. DATE OF DEATH <u>April 15 1950</u>			(Month)		(Day)		(Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 13, 1905</u>		9. AGE (In years last birthday) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Albany, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Homer Kitch</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Roland</u>			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) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Betty Jane Webb</u>			ADDRESS <u>1505 Picher</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u>		DUPLICATE OF (b) <u>Carcinoma - primary site</u>						<u>about 6 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>left ovary (supp. part)</u>						<u>several yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Developed multiple thrombotic phenoma throughout extremities</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 <u>3-25</u> , 19 <u>48</u> , to <u>4-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>50</u> and that death occurred at <u>2:05 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. Chle</u> (Degree or title)				23b. ADDRESS <u>410 Jackson, Joplin, Mo</u>				23c. DATE SIGNED <u>4-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State). <u>Joplin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-22-50</u>		REGISTRAR'S SIGNATURE <u>Ed James</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-29-50

Jasper County Health Office

County File Number 50-4-347

Date Filed 5-1-50

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 H. M. Jones

Licensed Embalmer No. 2319

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.