

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13506**
REGISTRY VINO
REGISTRAR'S No. **184**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		REGISTRAR'S No. 184		
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) Joplin		c. LENGTH OF STAY (In this place) 3 1/2 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin 1495				
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 206 North Sergeant Avenue 0				
3. NAME OF DECEASED (Type or Print) Eugenia			a. (First)		b. (Middle)		c. (Last) STOBIE	
4. DATE OF DEATH April 9, 1950				5. SEX Female		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 16, 1862		9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months 11 Days 23 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) St Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Fredrick Woesten		13b. MOTHER'S MAIDEN NAME Fredicka Peters		14. NAME OF HUSBAND OR WIFE Fred Wood Stobie (DECEASED)				
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 ADDRESS Mrs Jerry Carr 206 N. Sgt. Joplin, Mo.				
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) Ch. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4221		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 3/15 , 19 50 , to 4-8 , 19 50 , that I last saw the deceased alive on 4-8 , 19 50 , and that death occurred at 4:45a. m., from the causes and on the date stated above.								
23a. SIGNATURE Dr. L. A. ... (Degree or title)				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 5/9-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Missouri		
DATE REC'D BY LOCAL REG. 4-12-50		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.				

04950

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

RECEIVED 4/15/50
Jasper County Health Office

County File Number 50-4-315

Date Filed 4-14-50

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 Charles E. Frey

Licensed Embalmer No. 47681

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.