

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

47172

5581 State File No.  
 2007 Registrar's No. 254

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jasper - Galena Twnshp.</u>		2. USUAL RESIDENCE (Where deceased lived: -If "institution" residence "before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin (RURAL) Rt# 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin (RURAL) Rt# 3 Box# 274 0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi West on Hwg# 66</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi West on Hwg# 66</u>	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1950</u>	
a. (First)		b. (Middle) <u>HAFFORD</u>	
c. (Last)		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>May 22, 1888</u>		9. AGE (In years last birthday) <u>61</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 <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Booneville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Welfare office and Family Records</u>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LUDWIG'S ANGINA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ABOUT 10 DAYS</u>	
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		517X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RHEUMATOID ARTHRITIS</u>		104RS.	
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) (m.)		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>11-17</u> , 19 <u>49</u> , to <u>5-18</u> , 19 <u>50</u> that I last saw the deceased alive on <u>5-12</u> , 19 <u>50</u> , and that death occurred at <u>12 M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. Douglas M.D. Deputy Coroner Price Bldg. Joplin Mo.</u>		23b. ADDRESS	
23c. DATE SIGNED <u>5/19/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u>	
25. ADDRESS <u>Joplin, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-22-50</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

0490

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

RECEIVED 5-29-50  
Jasper County Health Office

County File Number 50-5-434  
Date Filed 5-29-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Charles E. Frey

Signed.....  
Student Embalmer

Licensed Embalmer No. 4768

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.