

5. No. 300
REV. 10-48

1495
1-1
Dr. Maybough

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23833
Registrar's No. 341

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2002

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 Joplin		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1627 West 2nd.		d. STREET ADDRESS (If rural, give location) 108 North Winfield	
3. NAME OF DECEASED a. (First) Martha b. (Middle) Jane c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH Jan. 21, 1880
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ruffus Eidson		13b. MOTHER'S MAIDEN NAME Elizabeth Davis	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester Corp 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, ashenia, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angio-sclerotic gangrene of L. leg DUE TO (c) Arterio-sclerosis & br. isd II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. Bruised L. leg	
INTERVAL BETWEEN ONSET AND DEATH 3 days		3 1/2 months	
several yrs.		5 months	
19a. DATE OF OPERATION 7-8-50	19b. MAJOR FINDINGS OF OPERATION Amputation of L. leg at knee (Gangrene)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about - home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Jasper, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Feb. 20, 1950 9:00 Am.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bruised leg on stove door moving stove.	
22. I hereby certify that I attended the deceased from 2-24-1950, to 7-25-50, 1950, that I last saw the deceased alive on 7-24-1950, and that death occurred at 1:45 A.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. Maybough, D.O. ✓		23b. ADDRESS 1702 Joplin St., Joplin, Mo.	23c. DATE SIGNED 7-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27, '50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
DATE REC'D BY LOCAL REG. 7-31-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	

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

RECEIVED 8-7-50

Jasper County Health Office

County File Number 50-8-580

Date Filed 8-7-50

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 *William S. Dutton*

Licensed Embalmer No. *4170*

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.