

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24167**BIRTH NO. _____ REG. DIST. NO. **246** PRIMARY REG. DIST. NO. **2735** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town) Joplin (RURAL)		c. LENGTH OF STAY (in this place) 17 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt #4 Box #191 1/2 Mi W of Issac Walton		d. STREET ADDRESS (If rural, give location) Rt #4 Box #191 1/2 Mi W of Issac Walton	
3. NAME OF DECEASED (Type or Print) a. (First) Delma		b. (Middle) May	
c. (Last) CORLEY		4. DATE OF DEATH (Month) (Day) (Year) July 1, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married (✓)	8. DATE OF BIRTH March 24, 1923
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Edgar Corley		13b. MOTHER'S MAIDEN NAME Ada Williams	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Wesley Gipson ADDRESS Rt# 4 Rt# 191 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) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to paralysis DUE TO (c) (supp report)	
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 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 June 26, 1950 , to July 1, 1950 that I last saw the deceased alive on June 26, 1950 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE John M. Douglas M.D. (Doctor or title)		23b. ADDRESS 210 West 32nd Joplin Mo	23c. DATE SIGNED 7-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Hornet Cemetery	24d. LOCATION (City, town, or county) (State) Hornet, Missouri
DATE REC'D BY LOCAL REG. 7-6-50	REGISTRAR'S SIGNATURE Edgar Corley	FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort. ADDRESS Joplin Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 750-158

Date Filed JUL 10 1950

opob 4
not a valid certificate?

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 E. [Signature]

Licensed Embalmer No. 4770

P. O. Address [Signature]

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.