

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27293

FILED AUG 30 1950

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—495

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>370</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</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) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin, Mo.</u>		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>173 Park ave -</u>				d. STREET ADDRESS (If rural, give location) <u>173 Park ave -</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>W.</u> c. (Last) <u>Weaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1950</u>				
8. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 23, 1889</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	IF UNDER 24 HRS. Hour <u>0</u> Min. <u>0</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>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Mayan, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Albert Stroops</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pitts</u>		14. NAME OF HUSBAND OR WIFE <u>Dec'd.</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Emma Clements Joplin Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>an old diabetic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1</u>
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>2-17, 1950</u> , to <u>8-23, 1950</u> , that I last saw the deceased alive on <u>8-21, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed D James M.D.</u>				23b. ADDRESS <u>Joplin Mo</u>		23c. DATE SIGNED <u>8-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hot Springs, Ark.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>8-24-50</u>		REGISTRAR'S SIGNATURE <u>Ed D James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norm Hill Nelson</u>		ADDRESS <u>Northway Joplin Mo</u>	

RECEIVED 8-29-50

Jasper County Health Office

County File Number 50-8-634

Date Filed 9-50

OCT 11 1950
OCT 27 1950

SEP 13 1950

SEP 13 1950
OCT 11 1950

OCT 23 1950

SEP 12 1950

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. *47680*

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.