

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30818**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **412**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 716 W 9th St	
3. NAME OF DECEASED a. (First) ETTA b. (Middle) E c. (Last) HUTCHISON			4. DATE OF DEATH (Month) (Day) (Year) 9-16-50
5. SEX FEMALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-12-1877
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE DUTY	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARY CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN LOVE		13b. MOTHER'S MAIDEN NAME PERNELIA FRITTS	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hershel E. Hutchison	
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) Cancer of colon INTERVAL BETWEEN ONSET AND DEATH months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION anular carcinoma of splenic Post Mortem - flexure of transverse colon	
20. AUTOPSY? YES <input checked="" 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 9-2 , 19 50 , to 9-16 , 19 50 , that I last saw the deceased alive on 9-15-50 , 19 50 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Martin		23b. ADDRESS 209 Joplin St., Joplin	
23c. DATE SIGNED 9-16-50		23d. NAME OF CEMETERY OR CREMATORY MAPLE CEMETERY	
23e. LOCATION (City, town, or county) (State) SPRINGFIELD MO		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE 9/19/50		24b. NAME OF CEMETERY OR CREMATORY MAPLE CEMETERY	
24c. LOCATION (City, town, or county) (State) SPRINGFIELD MO		24d. DATE REC'D BY LOCAL REG. 9/23/50	
24e. REGISTRAR'S SIGNATURE By Death Registrar		24f. FUNERAL DIRECTOR'S SIGNATURE HORLBY GLOVER MORT	
24g. ADDRESS		24h. ADDRESS	

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

RECEIVED 10-9-50
Jasper County Health Office

County File Number 50-9-706
Date Filed 10-10-50

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 Paul Glover
Licensed Embalmer No. 4593

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.