

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1950

State File No. _____

No. 300
10-48

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

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>BAXTER SPRINGS</u> <u>8150</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>CASSANDRA</u>	c. (Last) <u>STUCKEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>SEPT 24 1950</u>

5. 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>MARCH 26, 1859</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JESSE T. BRUTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA DAMERON</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GEORGE HOOD</u>	ADDRESS _____
---	-------------------------------	---	---------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</u>			<u>Unknown</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Fracture of left hip</u>		<u>9-2-50</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Diabetes Mellitus</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>None</u>			<u>90 30</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baxter Springs Cherokee Kansas</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-2-50 3:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient fell.</u>

22. I hereby certify that I attended the deceased from 3-1, 1940, to 9-24, 1950, that I last saw the deceased alive on 9-24, 1950, and that death occurred at 2:20 PM, from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.</u>	23b. ADDRESS <u>Joplin, Missouri</u>	23c. DATE SIGNED <u>9-25-50</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>SEPT 24/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COLUMBUS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-25-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JORDAN FUNERAL HOME</u>	ADDRESS <u>COLUMBUS KANSAS</u>
---	--	---	--------------------------------

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

495

RECEIVED 10-9-50
Jasper County Health Office

County File Number 50-9-720
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

NOT EMBALMED

working under my personal supervision.

Student Embalmer No.....

Signed *Dale Glover*

Signed.....
Student Embalmer

Licensed Embalmer No. *4593*

P. O. Address *Coplin, 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.