

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30845

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 420

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) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> <u>0495</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>1809 GRAND</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1809 GRAND</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KORABELL</u> b. (Middle) <u>TITE</u> c. (Last) <u>TITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19, 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>NO RECORD</u>	9. AGE (In years last birthday) <u>NO RECORD</u>	IF UNDER 1 YEAR: Months _____ Days _____
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>ENGLAND</u>	4	12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>NO RECORD</u>	13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS ADA R CRUME</u> ADDRESS <u>JOPLIN</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>592X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 18, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 1000 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Coats M.D.</u> (Degree or title)	23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>9-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
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DATE REC'D BY LOCAL REG. <u>9/26/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AURBUT GLOVER</u> ADDRESS <u>JOPLIN</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

195

RECEIVED 10-9-50

Jasper County Health Office

County File Number 50-9-711

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Dale Glover*

Signed \_\_\_\_\_  
Student Embalmer

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.