

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30855

State File No. 3137
Registrar's No. 124

49

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

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO.		State File No. 3137		Registrar's No. 124	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 731 East 15th Street					
3. NAME OF DECEASED (Type or Print) a. (First) Sadie		b. (Middle)		c. (Last) Condon		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 2, 1887		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Wm Plant			13b. MOTHER'S MAIDEN NAME Mary Barbara			14. NAME OF HUSBAND OR WIFE Deceased (Clarence Condon)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Violet Sadler 2001 Wisconsin, 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) Obstruction Small bowels							INTERVAL BETWEEN ONSET AND DEATH 6 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fecolith Stomach + duodenum adhered to old Gall bladder bed. Gall bladder obliterated by previous infections							unknown	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							years	
19a. DATE OF OPERATION 9-1-50		19b. MAJOR FINDINGS OF OPERATION Fecolith in small bowels						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Mo		5105			
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 Aug 31, 1950, to Sept 1, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 9:05pm., from the causes and on the date stated above.									
23a. SIGNATURE J. D. Martin (Degree or title)				23b. ADDRESS 709 Joplin St. Joplin, Mo			23c. DATE SIGNED 9-2-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE September 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Froest Park Cem		24d. LOCATION (City, town, or county) (State) Joplin, Mo			
DATE REC'D BY LOCAL REG. Spt 11-50		REGISTRAR'S SIGNATURE S. C. Satchell			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo				

RECEIVED 9-19-50
Jasper County Health Office

County File Number 50-8-664

Date Filed 9-19-50

OCT 2 1951

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. 47608

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.