

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33866

State File No.

BIRTH NO. _____ REG. DIST. NO. 756 PRIMARY REG. DIST. NO. 2001 Registrar's No. 447

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. CITY (If outside corporate limits, write RURAL and give township) <u>Carl Junction, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural give location) <u>Rt # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenman Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>M.</u> c. (Last) <u>Cooney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 7</u>	8. DATE OF BIRTH <u>May 15 1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTH PLACE (State or foreign country) <u>Guelph, Ont. Canada</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Andrew Priel</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Roach</u>	
14. NAME OF HUSBAND OR WIFE			
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 <u>Miss Mabel A. Cooney</u>		ADDRESS <u>Rt # 1 Carl Jct 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u></p> <p>ANTECEDENT CAUSES <u>Thrombosis Mesenteric Vessels</u></p> <p>DUPLICATE TO (b) <u>Myocardial Infarction</u></p> <p>DUPLICATE TO (c) <u>Arteriosclerosis</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Arteriosclerosis)</u></p>	
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) <u>42nd</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 28, 1950</u> , to <u>Oct 5, 1950</u> , that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>9:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>By M. J. ...</u>		23b. ADDRESS <u>708 Spruce Bldg Joplin Mo</u>	
23c. DATE SIGNED <u>Oct 6 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 8 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenman</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>10-7-50</u>		REGISTRAR'S SIGNATURE <u>By ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Shankill-Willow Mortuary Joplin Mo</u>		ADDRESS <u>Joplin Mo</u>	

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

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0495

RECEIVED 10-18-50

Jasper County Health Office

County File Number 50-10-745

Date Filed 10-18-50

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 *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.