No. 300
10-48

0735
1

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34243

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. [redacted] 18

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 27 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 W. 42ND ST.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0735
d. STREET ADDRESS (If rural, give location): 211 W. 42ND ST.

3. NAME OF DECEASED (Type or Print)
a. (First): DONNIE
b. (Middle): MAGGIE
c. (Last): KULP

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 22 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 4, 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — 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: DOMESTIC
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK DICKERSON
13b. MOTHER'S MAIDEN NAME: ISABELL GRIGSBY
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS ALPHA BUCK — ADDRESS: BAXTER SPGS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Paralysis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrage
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1950, *to* Sept 24, 1950, *that I last saw the deceased alive on* Sept 21, 1950, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Douglas M.D.
23b. ADDRESS: 210 West 32 Joplin Mo
23c. DATE SIGNED: Sept 25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 25/950
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEM. PK.
24d. LOCATION (City, town, or county): JOPLIN (State): Mo

DATE REC'D BY LOCAL REG.: 9/26/50
REGISTRAR'S SIGNATURE: Ed D. James 224 by Dolores Simpkins
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER — ADDRESS: JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Douglas (32nd St.)

9

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 1050-220

Date Filed 10/9/50

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 _____
Student Embalmer

Signed Dale 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.