

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43610

State File No. 43610
Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

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 township) OR TOWN Webb City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Mo.	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) 702 E. 17th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Fannie	b. (Middle) Board	c. (Last) Stacell	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Dec. 16 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Month Day 0 14	IF UNDER 6 mos. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill. /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME J. Hudson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Richard Board	ADDRESS Webb City, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 12-26, 1950, to 12-30, 1950, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 11:05A from the causes and on the date stated above.

22a. SIGNATURE D. J. Gregory DO (Degree or title)	22b. ADDRESS Wichita, Mo	22c. DATE SIGNED 12-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	24d. LOCATION (City, town, or county) (State) Oronogo, Missouri
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BATE REC'D BY LOCAL REG. Jan 11-51	REGISTRAR'S SIGNATURE H. L. Hutchins MS	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson Webb City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4920

RECEIVED 1-16-51
Jasper County Health Office

County File Number 50-12-1001

Date Filed 1-16-51

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 *Hervey E. Quire*

Licensed Embalmer No. 4463

P. O. Address *W. E. Ely, Jr.*

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.