

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43611**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **2001** Registrar's No. **552**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Joplin (RURAL) #2 Box#393</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin (RURAL) #2 Box#393</b>	
c. LENGTH OF STAY (in this place) <b>51 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mi E of 20th and Duquesne</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mi E of 20th and Duquesne</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Eva</b>	b. (Middle) <b>Mabel</b>	c. (Last) <b>GRONEWALD</b>	(Month) <b>December</b>	(Day) <b>1</b>	(Year) <b>1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>a</b>	8. DATE OF BIRTH <b>December 5, 1896</b>		9. AGE (In years last birthday) <b>53</b>
			IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	IF UNDER 1 HRS. Hours <b></b> Min. <b></b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (State or foreign country) <b>Cedar Springs, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Jasper Newton Duncan</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Jane Vaughan</b>		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jasper Duncan Rt# 2 Box# 393 Joplin, Mo.</b>				ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute heart failure</b>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Asthma</b>							
		DUE TO (c) . . . . .							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<b>4342</b>	

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)			

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 did not 19, to 19, that I last saw the deceased alive on 6:25P. m., and that death occurred at 6:25P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.P. Morgan</b>		23b. ADDRESS <b>521 West 4th Joplin Mo.</b>		23c. DATE SIGNED <b>12-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 8, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Park Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>12-11-50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort.</b>		ADDRESS <b>Joplin, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
490  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED <sup>12</sup> ~~50~~ - 26 - 50  
Jasper County Health Office  
County File Number 50/12/883  
Date Filed <sup>12</sup> ~~50~~ - 26 - 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.

Signed Charles E. Frey

Signed.....  
Student Embalmer

Licensed Embalmer No. 4768

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.