

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1473

BIRTH NO. _____		REG. DIST. NO. 136	PRIMARY REG. DIST. NO. 2001	Registrar's No. 26
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 Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 Ky		d. STREET ADDRESS (If rural, give location) 720 Ky		
3. NAME OF DECEASED (Type or Print) a. (First) Verda		b. (Middle) Clifton		c. (Last) Hannom
4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1951		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH June 4, 1891
9. AGE (In years last birthday) 59 yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Cross Timber, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Nora		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) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Sage, 720 Ky
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca y kidney primary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mouth secondary metastasis</u> DUE TO (c) <u>to bones + lungs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 <u>Sept 1952</u> , to <u>Jan 1951</u> , that I last saw the deceased alive on <u>Jan 10, 1951</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. L. Crawford M.D.</u>		23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED <u>1/15/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>
24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary, Joplin Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138		

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

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RECEIVED 2-5-51
Jasper County Health Office

County File Number 51-1-62

Date Filed 2-5-51

original

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 F. M. Jones

Licensed Embalmer No. 2319

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.

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