

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12982

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>176</u>	
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 OR TOWN <u>JOPLIN</u>				c. CITY OR TOWN <u>JOPLIN</u> <u>0495</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2610 E. 20th JOPLIN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMMA</u>		b. (Middle) <u>Rose</u>		c. (Last) <u>PATE</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>6</u>		(Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov-8-1863</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>4</u>		11. DAYS <u>18</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio County Indiana</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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>Ms Alice Hubbard Neosho MO</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic valvular heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial</u> DUE TO (c) <u>senility</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) m.		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>3-26-1954</u> to <u>4-6-1951</u> , that I last saw the deceased alive on <u>4-6-1951</u> and that death occurred at <u>3:50 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Danner</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Joplin, Mo</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR Neosho MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		REGISTRAR'S SIGNATURE <u>Ed Danner</u> <u>1139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLARK-BIGHAM Neosho.</u>			

(Licensed Embalmer's Statement on Reverse Side)

County File Number 51-4-311

Date Filed 4-16-51

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

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H.D. Gibson
Student Embalmer

Signed H. D. G. - White

Licensed Embalmer No. 4240

P. O. Address News he me

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.