

No. 300  
10. 48

195  
Schulte  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 320

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	
c. LENGTH OF STAY (in this place) 70 Years		d. STREET ADDRESS (If rural, give location) 2618 West D Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2618 West D Street		d. STREET ADDRESS (If rural, give location) 2618 West D Street	

3. NAME OF DECEASED (Type or Print) Catherine Adair			4. DATE OF DEATH (Month) (Day) (Year) 7-3-1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min. <del>###</del> <del>###</del> <del>###</del>	IF UNDER 1 YEAR Months Days Hours Min. <del>###</del> <del>###</del> <del>###</del>
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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 Homemaking	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Allen Cook	13b. MOTHER'S MAIDEN NAME Catherine Kelley	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Bonnie Wright., Joplin, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 Day 15 Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Inf. Arterio DUE TO (c)		
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"/>
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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)	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 Feb 1899, to July 3, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE G. A. Schulte, M. D.	(Degree or title)	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 7/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6-1951	24c. NAME OF CEMETERY OR CREMATORY Messer Cemetery	24d. LOCATION (City, town, or county) (State) North of Joplin, Missouri
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DATE REC'D BY LOCAL REG. 7-9-51	REGISTRAR'S SIGNATURE G. A. Schulte	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort., Joplin, Mo
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RECEIVED 7-16-51  
Jasper County Health Office

County File Number 51/7/559

Date Filed 7-16-51

**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 Leila Shonkide

Signed.....  
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.