

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27375

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 412
1. PLACE OF DEATH a. COUNTY JASPER 0495		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN 0495		
c. LENGTH OF STAY (In this place) 3YRS		d. STREET ADDRESS (If rural, give location) 1101 HILL 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 HILL		3. NAME OF DECEASED (Type or Print) a. (First) ETTA b. (Middle) GILLAM c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 9-16-51		5. SEX FEMALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 9-22-1884 9. AGE (In years last birthday) 66		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME PLEASANT BELL		13b. MOTHER'S MAIDEN NAME NANCY WOOLARD		14. NAME OF HUSBAND OR WIFE DECEASED
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 ADDRESS MRS NANCY HIGHTOWER JOPLIN
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) CEREBRAL HEMORRHAGE (FATAL) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO ARTERIO SCLEROSIS, GENERALIZED DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1 DAY
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) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
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?
22. I hereby certify that I attended the deceased from (DID NOT ATTEND SAME) 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at 5:00 a. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Joplin Mail Box Bldg		23c. DATE SIGNED 9-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/16/51		24c. NAME OF CEMETERY OR CREMATORY Park
24d. LOCATION (City, town, or county) (State) Joplin		24e. DATE REC'D BY LOCAL REG. 9-9-51		24f. REGISTRAR'S SIGNATURE [Signature] 138
25. FUNERAL DIRECTOR'S SIGNATURE HURL BUT-GLOVER		ADDRESS JOPLIN		

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

RECEIVED 9-10-51

Jasper County Health Office

County File Number 51/9/722

Date Filed 9-10-51

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

Robert F. Boyer

working under my personal supervision.

Student Embalmer No. 430

Signed Robert F. Boyer

Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

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.