

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42030

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 215		
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 townships) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Webb City		04/12		
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 N. Ball St.				d. STREET ADDRESS (If rural, give location) 202 N. Ball St 0				
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) MAUDE c. (Last) BISTLINE			4. DATE OF DEATH (Month) (Day) (Year) Dec 16, 1951					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov 30, 1877		
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. teacher		10b. KIND OF BUSINESS OR INDUSTRY education		11. BIRTHPLACE (State or foreign country) Carthage, Mo		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Simon Bistline		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE ----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Glass, Carthage, Mo				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2-3 days 18 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181x					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) Joplin, Mo				
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?				
22. I hereby certify that I attended the deceased from <u>Apr</u> , 1950, to <u>Dec</u> , 1951, that I last saw the deceased alive on <u>Dec 15, 1951</u> , and that death occurred at <u>6:40a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. B. Fingersh D.O.</u>				23b. ADDRESS Joplin, Mo		23c. DATE SIGNED 12-16-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-18-1951		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo		
DATE REC'D BY LOCAL REG. Dec 17-51		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo				

RECEIVED 12/24/51

Jasper County Health Office

County File Number 51/~~3778~~⁹⁶⁸

Date Filed 12/26/51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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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