

495

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1

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 town) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 40 yrs		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns		d. STREET ADDRESS (If rural, give location) 1911 Penn	

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Mae c. (Last) Donica			4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1952		
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5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 11, 1906		9. AGE (In years and birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
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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 own home		11. BIRTHPLACE (State or foreign country) Hastings, Okla.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Fred Plagman		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Thomas Donica	
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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 Thomas Donica		ADDRESS 1911 Penn	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma, generalized, spine, pelvis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, breast 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 wks 7 mo.	
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19a. DATE OF OPERATION 7/8/51 9/12/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma lt. breast; adenoma (duct) recurrent carcinoma lt. breast				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6/28 1951 to 1/1 1952, that I last saw the deceased alive on 1/1 1952, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. D.		23b. ADDRESS 420 Byers, Joplin, Missouri		23c. DATE SIGNED 1/3/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-4-52		24c. NAME OF CEMETERY OR CREMATORY Forest Park		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
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DATE REC'D BY LOCAL REG. 1-5-52		REGISTRAR'S SIGNATURE Steve Parker		5. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary		ADDRESS Joplin, Mo.	
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RECEIVED 1-21-52
Jasper County Health Office

County File Number 52/1/35

Date Filed 1-22-52

JUN 19 1958

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.....

Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Jasper 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.