

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 24 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 43

493
Dr. [Signature]

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

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 Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 049.5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1015 West 3rd Street 1	

3. NAME OF DECEASED a. (First) Emma b. (Middle) Elizabeth c. (Last) ALLENDORF			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Nov 15, 1874		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1 MIN. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Jackson, Miss. /		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Isaac Fryar		13b. MOTHER'S MAIDEN NAME Jennie Tigart		14. NAME OF HUSBAND OR WIFE	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Al Dangerfield 411 Moffet Joplin		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Carcinoma of Oesophagus				4 yrs	
ANTECEDENT CAUSES		DUE TO (b) Atherosclerosis of Coronary Arteries				3 mo	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Malnutrition				150x	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				3 mo	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 Jan 10, 1952, to Mar 4, 1952, that I last saw the deceased alive on Mar 4, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Albert E. White, M.D. (Degree or title)		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 3-11-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
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DATE REC'D BY LOCAL REG. 3-12-52		REGISTRAR'S SIGNATURE L.B. Clinton, M.D. 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	
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RECEIVED 3-21-52
Jasper County Health Office
County File Number 52/3/223
Date Filed 3-21-52

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 W. H. Jackson

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

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.