

FILED MAY 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17021

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 87

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) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 4 CARTHAGE		d. STREET ADDRESS (If rural, give location) ROUTE - 4 B/582 CARTHAGE	

3. NAME OF DECEASED (Type or Print) a. (First) GOLDA b. (Middle) MARIE c. (Last) KNEELAND			4. DATE OF DEATH (Month) (Day) (Year) 5-13-52		
5. SEX Fe. 1	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-13-1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days 5 13
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 LOGAN GREENE		13b. MOTHER'S MAIDEN NAME LINNIE MERRELL		14. NAME OF HUSBAND OR WIFE T. L. KNEELAND	
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 T. L. KNEELAND	
				ADDRESS CARTHAGE	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melano carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Nov 1951		19b. MAJOR FINDINGS OF OPERATION Melano carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 **7-23-51**, 19**51**, to **death**, 19**52**, that I last saw the deceased alive on **May 7**, 19**52**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Russell Smith		(Degree or title) MO		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 5-14-52					

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-13-52		24c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park	
24d. LOCATION (City, town, or county) (State) Joplin, MO.					
DATE REC'D BY LOCAL REG. 5-14-52		REGISTRAR'S SIGNATURE L. B. Clutter, MD		25. FUNERAL DIRECTOR'S SIGNATURE Herbert Glaver	
				ADDRESS Joplin, MO.	

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

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RECEIVED 5-22-52
Jasper County Health Office

County File Number 52/5/389

Date Filed 5-22-52

MS JUL 29 1959

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 _____

Bob Bayer

working under my personal supervision

Student Embalmer No. 430

Signed *Robert M. Bayer*
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.