

STANDARD CERTIFICATE OF DEATH

State File No. 28462

FILED AUG 21 1952

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 346	
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. LENGTH OF STAY (In this place) 7 years		c. CITY OR TOWN Joplin		d. STREET ADDRESS (If rural, give location) 617 No. Byers	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				4. DATE OF DEATH (Month) (Day) (Year) 8-2-1952			
3. NAME OF DECEASED (Type or Print) Laura		b. (Middle) McConathy		c. (Last) McConathy		4. DATE OF DEATH (Month) (Day) (Year) 8-2-1952	
5. SEX F. 1	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan 15 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home making		11. BIRTHPLACE (City and State or Foreign Country) Columbia Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John S. Strode		13b. MOTHER'S MAIDEN NAME Martha Ann White		14. NAME OF HUSBAND OR WIFE Reed Overton F. McConathy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. B.H. Rucker, Jr Joplin, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7-30-52	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				Unknown	
		ANTECEDENT CAUSES DUE TO (b) Cardiovascular-renal Disease				Unknown	
		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		19b. MAJOR FINDINGS OF OPERATION 442X				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)			
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?			
22. I hereby certify that I attended the deceased from 9-24, 1945, to 8-2, 1952, that I last saw the deceased alive on 8-2, 1952, and that death occurred at 12:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 8-4-52	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 8-5-1952		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. 8-4-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Joplin, Mo	

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

RECEIVED 8-19-52
Jasper County Health Office

County File Number 5010/115

Date Filed 8-19-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Cecilia Shankill

Licensed Embalmer No. 3590

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.