FILED SEP 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28478

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 37A

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 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin c. LENGTH OF STAY (in this place) 3yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 403 West 15th	d. STREET ADDRESS (If rural, give location) 403 West 15th

3. NAME OF DECEASED (Type or Print)	a. (First) Agatha	b. (Middle)	c. (Last) Supancic	4. DATE OF DEATH (Month) (Day) (Year) August 22 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH January 19 1869	9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Austria 8	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Cerne	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE --		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Katherine Spruk 403 W. 15th	ADDRESS Joplin	

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis (generalized) — INTERVAL BETWEEN ONSET AND DEATH 15 yrs

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 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

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) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15, 1952, *to* 8-22, 1952, *that I last saw the deceased alive on* 8-15, 1952, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE G. A. Schulte M.D. (Degree or title)	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 8/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-52	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Pittsburg, Kansas
DATE REC'D BY LOCAL REG. 8-26-52	REGISTRAR'S SIGNATURE Ed O. James 138 by Colores Lampkins Sr.	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY	ADDRESS JOPLIN MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/697

Date Filed 9-9-52

SEP 23 1952

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 F. M. Jones

Licensed Embalmer No. 2319

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.