

STANDARD CERTIFICATE OF DEATH

State File No. 353931
 Registrar's No. 2571251

BIRTH NO. _____		REG. DIST. NO. 256		PRIMARY REG. DIST. NO. 260	
1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution, include before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 27 mos.		c. CITY OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 W. 1st. ST.			d. STREET ADDRESS (If rural, give location) 712 W. 1st. ST.		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) ABEL c. (Last) ABEL			4. DATE OF DEATH (Month) (Day) (Year) OCT 13 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR 18, 1872		9. AGE (in years last birthday) 80
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 (City and State or Foreign Country) SWEDEN	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME ANDREW OBERG		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS NORA ISBELL 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) Valvular Lesion of Heart ANTECEDENT CAUSES Due to (b) Senile weakness. 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 4214		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) _____		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 July 10, 1952 , to Oct 13, 1952 , that I last saw the deceased alive on Oct 13, 1952 , and that death occurred at 4 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John W. Douglas M.D.		23b. ADDRESS 210 West 32nd Joplin Mo		23c. DATE SIGNED Oct 14 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	
24d. LOCATION (City, town, or county) (State) WEBB CITY Mo		25. FUNERAL DIRECTOR'S SIGNATURE Herbert Gloria Mortuary, Joplin ADDRESS _____			
DATE REC'D BY LOCAL REG. 10-15-52		REGISTRAR'S SIGNATURE E. O. Lange		25. FUNERAL DIRECTOR'S SIGNATURE Herbert Gloria Mortuary, Joplin ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

495

NO. 300
10.48

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/831

Date Filed 10-27-52

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 Dale Glover

Licensed Embalmer No. 4593

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.