

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

35414

FILED NOV 6 1952

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>469</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>	
c. LENGTH OF STAY (in this place) <u>2 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>307 Byers</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>STELLA</u>	b. (Middle) <u>JUANITA</u>	c. (Last) <u>LOGUE</u>	Month <u>Oct.</u>	Day <u>20</u>	Year <u>1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 19, 1881</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hackett, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Alexander Bothwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Word</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas McDaniel, 307 Byers, Joplin</u>				
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						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Arteriosclerotic myocarditis</u>						
	INTERVAL BETWEEN ONSET AND DEATH <u>1yr.</u>						
	ANTECEDENT CAUSES <u>Diabetes</u>						
	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 <u>260X</u>					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 <u>April</u> , 19 <u>52</u> , to <u>Oct. 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 19</u> , 1952, and that death occurred at <u>11:45 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald M. Phelps M.D.</u>				23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo</u>		23c. DATE SIGNED <u>10-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Racine, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-23-52</u>		REGISTRAR'S SIGNATURE <u>W. O. James 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

95

RECEIVED 11-5-52  
Jasper County Health Office

County File Number 52/11/856-----

Date Filed 11-5-52-----

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 *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.