

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 483

1. PLACE OF DEATH a. COUNTY <u>JASPEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JASPEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1103 CENTRAL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>MACON</u> c. (Last) <u>MACON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>9/28/1881</u>
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE DUTY</u>	11. BIRTHPLACE (City and State or Foreign, Country) <u>GLASSCOW MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>No Record</u>	
13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE _____	
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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Appel - 1109 Valley</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES <u>Surgery, toxemia, cholangitis, senility</u> DUE TO (b) <u>cholecholelithiasis, respiratory failure</u> DUE TO (c) <u>cholecystitis, cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>11-1-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>see above</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>584 X</u>	
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>10-25</u> , 19 <u>53</u> to <u>11-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>52</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edmund T. Smith M.D.</u>		23b. ADDRESS <u>Ensco Building Joplin Mo</u>	
23c. DATE SIGNED <u>11-3-52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>OSARK MORN. PARK Joplin Mo</u>	
23e. LOCATION (City, town, or county) (State) <u>Mo</u>		23f. DATE REC'D BY LOCAL REG. <u>11-9-52</u>	
23g. REGISTRAR'S SIGNATURE <u>James Appel</u>		23h. FINERAL DIRECTOR'S SIGNATURE <u>HURLBUR FLOVEY</u>	
23i. ADDRESS <u>Joplin</u>		23j. ADDRESS <u>MORFURY MO.</u>	

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

495

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/885

Date Filed 11-17-52

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 _____

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.