

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39129

State File No. _____

NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 489

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>303 Highland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ada</u>	b. (Middle) <u>Allison</u>	c. (Last) <u>Maret</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-1-1903</u>	9. AGE (In years last birthday) <u>49</u>	if UNDER 1 YEAR Months Days	if UNDER 24 Hrs. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buckner, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Moses Suffield</u>	13b. MOTHER'S MAIDEN NAME <u>Caldona Allison</u>	14. NAME OF HUSBAND OR WIFE <u>Jack W. Maret</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack W. Maret</u>	ADDRESS <u>303 Highland Joplin, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u> <u>7</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-6, 1952 to 11-7, 1952 that I last saw the deceased alive on 11-7, 1952 and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Hamilton M.D.</u> (Degree or title)	23b. ADDRESS <u>HAMILTON, M. D. 617 Frisco Bldg. Joplin, Mo.</u>	23c. DATE SIGNED <u>11-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>11-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer & Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-7-52</u>	REGISTRAR'S SIGNATURE <u>Ed O. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomhill - Wilson Mort.</u>	ADDRESS <u>Joplin, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/891

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 W. E. H. [Signature]

Licensed Embalmer No. 4770

P. O. Address [Signature], 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.