No. 300
10.48

FILED DEC - 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39138

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 506

0495 0

1. PLACE OF DEATH
a. COUNTY Jasper.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
d. STREET ADDRESS (If rural, give location) 124 No. Byers

3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) May c. (Last) Richardson

4. DATE OF DEATH (Month) (Day) (Year) 11 - 14 - 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 5-5-1888
9. AGE (In years last birthday) 64 — 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 Home making
11. BIRTHPLACE (City and State or Foreign Country) Stott City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Douthit
13b. MOTHER'S MAIDEN NAME Ellen Huntington
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) None
16. SOCIAL SECURITY NO. 495-26-4959
17. INFORMANT'S SIGNATURE OR NAME Mrs Elsie Sinwiddie — **ADDRESS** Belton Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Coronary Thrombosis with Myocardial Infarction.	3 mons.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis with coronary insufficiency.	Years
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 4-201
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* 3/22, 1951, *to* 11/14, 1952, *that I last saw the deceased alive on* 11/14, 1952, *and that death occurred at* 8:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Nelson Butterworth M.D.
23b. ADDRESS 410 Jackson, Joplin, Mo.
23c. DATE SIGNED 11/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-17-1952
24c. NAME OF CEMETERY OR CREMATORY Purcell Cem
24d. LOCATION (City, town, or county) Purcell, (State) Mo.

DATE REC'D BY LOCAL REG. 11-24-52
REGISTRAR'S SIGNATURE Ed D. James 138 by Dennis Lamphin
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill Dillon Mort **ADDRESS** Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-28-52
Jasper County Health Office
County File Number 52/11/918
Date Filed 11-28-52

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. .....

P. O. Address .....

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.