

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42602

State File No. 117-222

D JAN 7 - 1952

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Joblin

c. LENGTH OF STAY (In this place) 3 Weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY (If outside corporate limits, write RURAL and give town) Webb City 0492

d. STREET ADDRESS (If rural, give location)

204 N. Penn. St.

## 3. NAME OF DECEASED

(Type or Print)

Maggie

a. (First)

b. (Middle)

A.

c. (Last)

Lett

4. DATE OF DEATH

(Month) Dec.

(Day) 12,

(Year) 1952

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

## 8. DATE OF BIRTH

May 12, 1873

## 9. AGE (In years last birthday)

79

## IF UNDER 1 YEAR

Months 7

## IF UNDER 2 HRS.

Days 0

## Hours

Mins.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own home

## 11. BIRTHPLACE (State or foreign country)

Webb City, Mo.

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

J.R. Troup

## 13b. MOTHER'S MAIDEN NAME

Lucy Greening

## 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)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Gail Anderson, 828 W. 3rd Webb City

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*

(a) Arteriosclerotic heart disease.

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

## DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

Unknown

Unknown

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

4200

## 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 November, 1946, to 12 December 1952, that I last saw the deceased alive on 12 December 1952, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

(Degree or title)

## 23b. ADDRESS

321 Frisco Bldg., Joplin, Mo.

## 23c. DATE SIGNED

12/19/52

## 24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

12-15-52

## 24c. NAME OF CEMETERY OR CREMATORY

Webb City Cemetery

## 24d. LOCATION (City, town, or county)

Webb City, Missouri

(State)

## DATE REC'D BY LOCAL REG.

12-29-52

## REGISTRAR'S SIGNATURE

Ed. J. James, 138  
By *Ed. J. James*

## 25. FUNERAL DIRECTOR'S SIGNATURE

Johnston-Arnce-Simpson, Webb City, Mo.

## ADDRESS

RECEIVED 1-5-53  
Jasper County Health Office

County File Number 53/1/6  
Date Filed 1-6-53

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.