

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4653**
REGISTRAR'S NO. **2021**

No. 300
10.48

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2021**

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 1502 1/2 Main Street,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1502 1/2 Main Street			

3. NAME OF DECEASED a. (First) Louise b. (Middle) _____ c. (Last) Mc Nabb			4. DATE OF DEATH (Month) (Day) (Year) 12-12-1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb-4-1882		9. AGE (In years last birthday) 70		10. KIND OF BUSINESS OR INDUSTRY Restruant	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restruant Operater		11. BIRTHPLACE (City and State or Foreign Country) Neosho, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Albert M. Pate		13b. MOTHER'S MAIDEN NAME Emma Rose Walton		14. NAME OF HUSBAND OR WIFE W. H. Mc Nabb, Dec'd.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ellis Kindred ADDRESS Joplin, Missouri	

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) Cerebral thrombosis, fatal				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. 331X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (a.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) None		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 **(child unresponsive)**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Walter H. Reed, Board Health Officer		23b. ADDRESS Joplin, Jasper County, Mo		23c. DATE SIGNED 1-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1953		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
		24d. LOCATION (City, town, or county) (State) Neosho, Missouri			

DATE REC'D BY LOCAL REG. 1-12-53		REGISTRAR'S SIGNATURE Doyle		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary, Joplin, Mo ADDRESS	
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RECEIVED 1-19-53
Jasper County Health Office

County File Number 53/1/63

Date Filed 1-20-53

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 Cecil A. Thomhill

Licensed Embalmer No. 3590

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.