

S. No. 300
V. 10.48

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1828
Registrar's No. 492

495
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, or 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) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>820 WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 WALNUT</u>		e. STREET ADDRESS (If rural, give location) <u>820 WALNUT</u>	
3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>CRAFT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23, 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 14, 1872</u>
9. AGE (in years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>FAIRVIEW, VIRGINIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>I. P. ROBINETTE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RILEY</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
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>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS BELLE RICKMAN, 820 WALNUT</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u> 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. <u>Acute Bronchitis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</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) _____	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>April one year</u> , 19 <u>52</u> to <u>Jan 23</u> , 19 <u>53</u> , and that death occurred at <u>7:38</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John W. Kodeler</u> (Degree or title) _____		23b. ADDRESS <u>805 Trisco Bldg. Joplin Mo</u>	23c. DATE SIGNED <u>1-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>SALEM, ARKANSAS</u>
DATE REC'D BY LOCAL REG. <u>1-24-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/109

Date Filed 2-3-53

FEB 16 1951

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

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.