

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1843

State File No. 03V13339

FILED JAN 27 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 3221

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

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>65 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENFIELD</u>		d. STREET ADDRESS (If rural, give location) <u>50 N. MAIN ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DELLA</u>	b. (Middle) <u>E</u>	c. (Last) <u>Headlee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 13-53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 22, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 10 Hrs. <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. H. NEAL</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen PARKS</u>	14. NAME OF HUSBAND OR WIFE <u>OTIS Headlee</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>OTIS Headlee</u>	ADDRESS <u>Greenfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatous</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Adeno Carcinoma of left ovary</u> DUE TO (b) <u>175X</u>		
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>Adeno-carcinoma of left ovary</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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Neal</u> (Degree or title)	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>1-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENFIELD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GREENFIELD Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-22-53</u>	REGISTRAR'S SIGNATURE <u>Ed. J. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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RECEIVED 1-26-53
Jasper County Health Office

County File Number 53/1/72

Date Filed 1-26-53

MAY 7 1953
Jasper County Health Office

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 J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Greenfield, Ws.

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.