

FILED FEB 4 1953

STANDARD CERTIFICATE OF DEATH

1858

State File No. 2001

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 516

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI 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) 1 DAY | | d. STREET ADDRESS (If rural, give location) 1216 KEX ROAD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2111 SERGEANT | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) NANCY LOU VENA b. (Middle) MEAD c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN 26 1953 | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH MAR 23 1879 | 9. AGE (In years last birthday) Months Days Hours Min. 73 |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC | 11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MO | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME MR HENRY CLARK | 13b. MOTHER'S MAIDEN NAME MILLIE REED | 14. NAME OF HUSBAND OR WIFE — |
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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS JUANITA MARLATT, MANHATTAN, KANSAS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 5 1/2 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease | | |
| | DUE TO (c) Remain Coronary Occlusion | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | 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) m. | 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 **Feb 15**, 1953, to **Jan 16**, 1953, that I last saw the deceased alive on **Jan 12**, 1953, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE OF REGISTRAR A. Schulte (Degree or title) | 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo | 23c. DATE SIGNED 1/27/53 |
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|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 1-28-53 | 24c. NAME OF CEMETERY OR CREMATORY FOREST PARK | 24d. LOCATION (City, town, or county) (State) JOPLIN MO |
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|--|--|--|
| DATE REC'D BY LOCAL REG. 1-28-53 | REGISTRAR'S SIGNATURE W. Delois Campbell | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Harold Brown Joplin |
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(Licensed Embalmer's Statement on Reverse Side)

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

Al Schulte

0495
1

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/116

Date Filed 2-3-53

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 *Robt. Glover*

Licensed Embalmer No. 4593

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.