

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14680
DIVISION

FILED MAY 7 1953

State File No. 2001 Registrar's No. 210

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 210
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, 0495		
c. LENGTH OF STAY (In this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 702 Harlem Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION 702 Harlem Avenue				
3. NAME OF DECEASED a. (First) ANNIE		b. (Middle) ALICIA		c. (Last) BENDELARI
4. DATE OF DEATH April 27, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1871	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own H me	11. BIRTHPLACE (State or foreign country) Toronto, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? 2
13a. FATHER'S NAME Henry Lamport		13b. MOTHER'S MAIDEN NAME Candy		14. NAME OF HUSBAND OR WIFE Fred N. Bendelari
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 Fred N. Bendelari, Joplin, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one year
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222
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 Dec. 28, 1951, to Apr. 16, 1953, that I last saw the deceased alive on Apr 16, 1953, and that death occurred at 1:30a m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Roy D. Methe		23b. ADDRESS 607 Frisco Bldg., Joplin, Mo		23c. DATE SIGNED Apr 29, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-30-53		24c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons
24d. LOCATION (City, town, or county) Kansas City, Missouri		24e. LOCATION (City, town, or county) (State) (State)		
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE 62 D. James 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.

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

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-382

Date Filed 5-6-53

MAY 8 1953

JAN 11 1956

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

David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

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.