

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14713

FILED APR 29 1953

State File No. _____
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 186

495

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 admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 MAIDEN LANE		d. STREET ADDRESS (If rural, give location) 202 MAIDEN LANE	
3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) MOORE c. (Last) MOORE		4. DATE OF DEATH APRIL 7, 1953 (Month) (Day) (Year)	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH UNK
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE	11. BIRTHPLACE (State or foreign country) NEOSHO, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM LAWSON		13b. MOTHER'S MAIDEN NAME LENA	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BILL LAWSON, 202 MAIDEN LANE
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>Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerulonephritis</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/42x	
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) m.		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 July 12, 1952, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. Kilbane, (Degree or title) M.D.		23b. ADDRESS 521. W. 4th St Joplin, Mo.	23c. DATE SIGNED 4/9/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-11-53	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
DATE REC'D BY LOCAL REG. 4-20-53	REGISTRAR'S SIGNATURE [Signature] 138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

RECEIVED 4-27-53
Jasper County Health Office

County File Number 53-4-358

Date Filed 4-28-53

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

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....
Student Embalmer

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.