

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14718

State File No. _____

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u> Registrar's No. <u>190</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If 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. LENGTH OF STAY (In this place) <u>1 Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>523 W 3rd Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u>		b. (Middle) <u>Barde</u>	c. (Last) <u>Petty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1953</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>1-11-1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jenkins Music</u>	11. BIRTHPLACE (State or foreign country) <u>Wamego, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Fredrick Barde</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Whitney</u>		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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thornhill-Dillon Mortuary Records.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			Several years.	
	DUE TO (c) <u>Old duodenal ulcer</u>			Several years.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 11, 1953</u> , to <u>April 18, 1953</u> , that I last saw the deceased alive on <u>April 18, 1953</u> , and that death occurred at <u>11:25 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. L. L. L. L.</u>			23b. ADDRESS <u>308 Frisco Bldg. Joplin, Missouri</u>		23c. DATE SIGNED <u>4-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-22-53</u>	REGISTRAR'S SIGNATURE <u>W. L. L. L. L.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. L. L. L.</u>	ADDRESS <u>Thornhill-Dillon Mort. Joplin, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

495
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RECEIVED 4-27-53
Jasper County Health Office

County File Number 53-4-358

Date Filed 4-28-53

MAY 6 1953

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.