

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18415

0.300
0.48

FILED MAY 27 1953

State File No. 2001
Registrar's No. 257001

BIRTH NO. _____		REG. DIST. NO. <u>156</u>	PRIMARY REG. DIST. NO. <u>2001</u>
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, or 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>15 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>3128 JOPLIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3128 JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>3128 JOPLIN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>ELIZABETH</u>	
		c. (Last) <u>KING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 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>JAN. 27, 1874</u>
9. AGE (In years last birthday) <u>79</u>		10. 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>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>STOCKTON, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN MILLIGAN</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT DOBBS</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS JOHN HOLLIS</u>		ADDRESS <u>3128 JOPLIN, JOPLIN</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Heart Disease</u> DUE TO (b) <u>Valvular Lesions</u> DUE TO (c) _____ 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4214</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) (Minute) _____		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>May 15, 1953</u> , to <u>May 18, 1953</u> , that I last saw the deceased alive on <u>May 15, 1953</u> , and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John W. Douglas M.D.</u> (Degree or title)		23b. ADDRESS <u>210 West 22 Joplin Mo</u>	
23c. DATE SIGNED <u>5/20/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-21-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>STOCKTON</u>		24d. LOCATION (City, town, or county) (State) <u>STOCKTON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-21-53</u>		REGISTRAR'S SIGNATURE <u>Ed S. James 138</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary</u>		ADDRESS <u>JOPLIN, MO.</u>	

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

RECEIVED 5-25-53
Jasper County Health Office

County File Number 53-5-458

Date Filed 5-25-53

MAY 29 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. 464

Signed.....
Jack D. Parker
Student Embalmer

Signed.....
F. M. Jones

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.