

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

25379

State File No. _____

FILED JUL 30 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 337

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) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) 3 YRS		d. STREET ADDRESS (If rural, give location) ST. JOHN'S HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) ST. JOHN'S HOSPITAL	

3. NAME OF DECEASED (Type or Print) a. (First) SISTER b. (Middle) MARY c. (Last) LOUIS	4. DATE OF DEATH (Month) (Day) (Year) JULY 17, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH UNK	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC NUN	10b. KIND OF BUSINESS OR INDUSTRY ST. JOHN'S HOSP.	11. BIRTHPLACE (State or foreign country) KERRY COUNTY, IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME NOLAND	13b. MOTHER'S MAIDEN NAME UNK	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 SISTER MARY CONSOLOTTA, JOPLIN, MO.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerosis, arteriovenous aneurysm		INTERVAL BETWEEN ONSET AND DEATH 15 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Disease generalized</i>		
	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"/>
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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) (Minute)	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 June 14, 1953, to July 17, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR G. A. Schulte, M. D.	(Degree or title)	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 7/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-20-53	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 7-28-53	REGISTRAR'S SIGNATURE Ed S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-28-53
Jasper County Health Office

County File Number 53-7-620

Date Filed 7-28-53

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.....
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.