

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36278

State File No.

FILED NOV 4 - 1953		REG. DIST. NO. 152	PRIMARY REG. DIST. NO. 3028	Registrar's No. 214
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 Carthage		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Joplin
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Acres		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
e. STREET ADDRESS (If rural, give location) 407 Kentucky St.				
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA		b. (Middle) KING		c. (Last) MACKLIN
4. DATE OF DEATH (Month) (Day) (Year) Oct 28, 1953				
5. SEX female ³	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ²	8. DATE OF BIRTH August 6, 1885	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) servant		10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (City and State or Foreign Country) Newtonia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Austin King		13b. MOTHER'S MAIDEN NAME Minnie ?		14. NAME OF HUSBAND OR WIFE Arch Macklin
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 ADDRESS Co. Welfare Office, Carthage, Mo
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) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic Brights disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH years.
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) 592 X		
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 10-17-1953 to 10-28-1953, that I last saw the deceased alive on 10-29-53, 1953, and that death occurred at 07:00 PM, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. C. Baker M.D.		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 10/29
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 10-29-53	REGISTRAR'S SIGNATURE Lloyd B. Blunt M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 3 1953

Jasper County Health Office

County File Number 53-11-887

Date Filed NOV 3 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Ansell

Licensed Embalmer No. 445

P. O. Address Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.