

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39453**

FILED NOV 18 1953

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **500**

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 OR TOWN Joplin	c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN Joplin	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Greenway Hospital		e. STREET ADDRESS (If rural, give location) 1407 Wisconsin 0445	
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ELLEN c. (Last) MOREY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 14, 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 72	11. BIRTHPLACE (City and State or Foreign Country) Leroy, Kansas
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Ethan Rawlings		13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Williams ADDRESS 1401 Wisconsin	
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) Gunshot wound left chest - with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) loosening of great vessels and DUE TO (c) cardiac tamponade 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		E981X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8401 Wisconsin - Joplin - Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11-4-53 4:40 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? gunshot wound inflicted by killing knife deliberately, (wound in chest)	
22. I hereby certify that I attended the deceased from (and was present) , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. E. Williams, M.D., Greenway Hospital		23b. ADDRESS First National Building	
23c. DATE SIGNED 11-6-53		24. LOCATION (City, town, or county) (State) Joplin, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-7-53	24c. NAME OF CEMETERY OR CREMATORY Oak Memorial Park	
DATE REC'D BY LOCAL REG. 11-9-53	REGISTRAR'S SIGNATURE Ed S. Jarnal 1381	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker ADDRESS Waltman Joplin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 17 1953

Jasper County Health Office

County File Number 53-11-908

Date Filed NOV 17 1953

NOV 19 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 F. M. Jones.....

Licensed Embalmer No. 2319

P. O. Address Joplin.....

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.