

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43349

State File No.

FILED DEC 31 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 574

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

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>2 wks</u>	c. CITY OR TOWN <u>JOPLIN</u>		d. 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 <u>FREEMAN HOSP.</u>			e. STREET ADDRESS (If rural, give location) <u>901 1/2 MAIN</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>GRACE</u> c. (Last) <u>CARROLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 21 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>MAY 7, 1880</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. 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>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EVERTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE TONES</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SCOTT</u>		14. NAME OF HUSBAND OR WIFE <u>MRS GEORGIA HOOK, FAIRLAND</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 AND ADDRESS <u>MRS GEORGIA HOOK, FAIRLAND</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute cardiac dilatation</u> <u>(coronary atherosclerosis) - 30 mm</u> DUE TO (c) <u>arteriosclerosis of stave</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>atelectasis of lung, fractured hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 hour</u>
19a. DATE OF OPERATION <u>12-3-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>fractured hip</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4500F
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin Jasper Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-2-53</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell at home</u>				
22. I hereby certify that I attended the deceased from <u>12-2, 1953</u> to <u>12-21, 1953</u> , that I last saw the deceased alive on <u>12-21, 1953</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edmund T. Smith, MD</u>			23b. ADDRESS <u>Union Bldg., Joplin, Mo</u>		23c. DATE SIGNED <u>12-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>FAIRLAND OKLA</u>	
DATE REC'D BY LOCAL REG. <u>12-22-53</u>	REGISTRAR'S SIGNATURE <u>Edmund T. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT GLOVER</u>	ADDRESS <u>JOPLIN</u>		

RECEIVED DEC 28 1953
Jasper County Health Office

County File Number 53-12-1043

Date Filed DEC 28 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..... *Paul G. Gless*

Licensed Embalmer No. 4593

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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