

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43361

State File No. ....

FILED DEC 31 1953

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2081 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <p align="center">JASPER</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">MISSOURI</p> b. COUNTY <p align="center">JASPER</p>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">JOPLIN</p>		c. LENGTH OF STAY (in this place) <p align="center">10 YRS</p>	c. CITY OR TOWN <p align="center">JOPLIN</p>		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 <p align="center">625 N. BYERS</p>			e. STREET ADDRESS (If rural, give location) <p align="center">625 N. BYERS</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">MARGARET</p>			b. (Middle) <p align="center">CATHERINE</p>		c. (Last) <p align="center">KILLEBREW</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">DEC 21, 1953</p>						
5. SEX <p align="center">FEMALE</p>	6. COLOR OR RACE <p align="center">WHITE</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">WIDOWED</p>	8. DATE OF BIRTH <p align="center">FEB 14, 1859</p>		9. AGE (In years last birthday) Months Days Hours Min. <p align="center">94</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">RETIRED</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">HOUSEWIFE</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">HARRISON, ARKANSAS</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>	
13a. FATHER'S NAME <p align="center">ROBERT ABLE</p>		13b. MOTHER'S MAIDEN NAME <p align="center">RACHAEL MANARD</p>		14. NAME OF HUSBAND OR WIFE <p align="center">----</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>	16. SOCIAL SECURITY NO. <p align="center">NO</p>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <p align="center">MRS DOVA MCKAY, 625 N. BYERS, JOPLIN</p>				
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>Arterio Sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chosen from fall</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="right">E9040 21</p>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p align="center">Accident</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p align="center">Home</p>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">JOPLIN JASPER MO</p>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center">12-14-53</p>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <p align="center">FELL AT HOME</p>				
22. I hereby certify that I attended the deceased from <u>10-30, 1951</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>5:15 p. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <p align="center">Ed J. Parker M.D.</p>			23b. ADDRESS <p align="center">Joplin Mo</p>		23c. DATE SIGNED <p align="center">12-21-53</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">REMOVAL</p>	24b. DATE <p align="center">12-24-53</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">G.A.R.</p>	24d. LOCATION (City, town, or county) (State) <p align="center">MIAMI OKLA.</p>			
DATE REC'D BY LOCAL REG. <p align="center">12-22-53</p>	REGISTRAR'S SIGNATURE <p align="center">By Robert J. Parker</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Steve Parker</p>	ADDRESS <p align="center">STEVE PARKER MORTUARY, JOPLIN, MO.</p>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 28 1953  
Jasper County Health Office

County File Number 53-12-1042  
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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address J. M. Jones.....

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.