

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43375

State File No.

FILED JAN 6 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>581</u>	
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 OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>10 Days</u>		c. CITY OR TOWN <u>Joplin</u> <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>Rt#1 Joplin, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Agatha</u>		c. (Last) <u>Smith</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-27-1882</u>		9. AGE (In years last birthday) <u>71</u> If under 1 year: Months _____ Days _____ If under 6 mos: 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>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Newton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Joseph Faules</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Blake</u>		14. NAME OF HUSBAND OR WIFE <u>J. I. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. I. Smith., Rt#1, Joplin, Missouri</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Hypertension, ischemic</u>					years _____ years _____ unknown _____
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic carcinoma to liver and lung.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Primary site not determined definitely</u>					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) _____			
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? <u>443x</u>			
22. I hereby certify that I attended the deceased from <u>Dec 14, 1953</u> , to <u>Dec 24, 1953</u> , that I last saw the deceased alive on <u>Dec 23, 1953</u> , and that death occurred at <u>3:25 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald Burtner, M.D.</u>				23b. ADDRESS <u>505 Olive Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>Dec 26/1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-28-53</u>		REGISTRAR'S SIGNATURE <u>W. James 1380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort, Joplin, Missouri</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5 1954
Jasper County Health Office
County File Number 54-1-8
Date Filed JAN 5 1954

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.....

David Dillon

Signed.....

Student Embalmer

Licensed Embalmer No. 3896

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