

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 26 1954

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| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>212</u> | |
| 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) JOPLIN | | c. LENGTH OF STAY (in this place) 5 YRS | | c. CITY OR TOWN JOPLIN | | 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 1627 PENNSYLVANIA AVE. | | | | e. STREET ADDRESS (If rural, give location) 1627 PENNSYLVANIA AVE. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE | | b. (Middle) BIRDIE | | c. (Last) DUNAWAY | | 4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1954 | |
| 5. SEX W | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | | 8. DATE OF BIRTH DEC. 1, 1874 | |
| 9. AGE (In years last birthday) 79 | | 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING | | 11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME SAM VASSEL | | 13b. MOTHER'S MAIDEN NAME AMANDA LITTLETON | | 14. NAME OF HUSBAND OR WIFE ----- | | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS MARY DUNAWAY - 1627 PENN. AVE. | | | |
| 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>Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 10 hrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 334X | | | | 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) m. | | 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 <u>Apr 22, 1954</u> , to <u>May 5, 1954</u> , that I last saw the deceased alive on <u>May 5, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>A. L. Crawford, M.D.</i> | | | | 23b. ADDRESS <i>Joplin, Mo</i> | | 23c. DATE SIGNED <i>5-10-54</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 5-8-54 | | 24c. NAME OF CEMETERY OR CREMATORY OSZARK MEMORIAL PARK | | 24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI | |
| DATE REC'D BY LOCAL REG. 5-10-54 | | REGISTRAR'S SIGNATURE <i>Ed S. ...</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | | | |

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

RECEIVED MAY 24 1955
Jasper County Health Office
County File Number 54-5-4
Date Filed MAY 24 1955

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. *231*.....

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.