

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16415

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5578</u>		Registrar's No. <u>57</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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Joplin Township 1 Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. # 1 Joplin</u>				d. STREET ADDRESS (If rural, give location) <u>2636 E. 11th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Genevieve</u>			b. (Middle) <u>Sheldon</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 14, 1868</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>6</u> Months		IF UNDER 12 HRS. <u>5</u> Days	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Rives, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>No data</u>			13b. MOTHER'S MAIDEN NAME <u>No data</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Sheldon</u> ADDRESS <u>2636 E. 11th St. Joplin, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331 X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Nov 16, 1953</u> , to <u>May 19, 1954</u> that I last saw the deceased alive on <u>May 12, 1954</u> , and that death occurred at <u>11:20a.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.				23b. ADDRESS <u>Frisco Building, Joplin, Mo.</u>		23c. DATE SIGNED <u>5-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Okla. City, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>5-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sirtgen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo. Mortuary</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 24 1954
Jasper County Health Office
County File Number 54-5-382
Date Filed MAY 24 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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.