

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27974

State File No.

BIRTH NO. ---		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>427</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					
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>4 MOS</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>2127 GRAND AVE.</u>				e. STREET ADDRESS (If rural, give location) <u>2127 GRAND AVE.</u> <u>0445</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>			b. (Middle) <u>SHEPHERD</u>		c. (Last) <u>METCALF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 23, 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SEPARATED</u>		8. DATE OF BIRTH <u>JAN. 7, 1906</u>	9. AGE (In years last birthday) <u>48</u>	If UNDER 1 YEAR Months	If UNDER 4 HRS. Days 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 (City and State or Foreign Country) <u>NOVA SCOTIA, CANADA</u> <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN NICHOLSON</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE O'NEILL</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BOB RAPP, 2127 GRAND AVE., JOPLIN</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</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. <u>Cancer Bladder, Sigmoid + Rectal Colon + ileum.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> <u>171 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Fistula from ileum to Vagina + Urinary Bladder</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>April 24, 1954</u> , to <u>Aug 23, 1954</u> , that I last saw the deceased alive on <u>Aug 13, 1954</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or Other) <u>Bob Martin</u>				23b. ADDRESS <u>709 Joplin St., Joplin Mo</u>		23c. DATE SIGNED <u>8-23-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CHICAGO, ILLINOIS</u>			
DATE REC'D BY LOCAL REG. <u>8-23-54</u>		REGISTRAR'S SIGNATURE <u>By Robert Sampson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8

RECEIVED AUG 30 1954
Jasper County Health Officer
County File Number 54-8-
Date Filed AUG 30 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 23

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.