

12336

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 20 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 139

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>Joplin</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"/>	
c. LENGTH OF STAY (in this place) <u>30 Years</u>		e. STREET ADDRESS (If rural, give location) <u>909 Pennsylvania Ave</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 Pennsylvania Ave</u>		f. STREET ADDRESS <u>909 Pennsylvania Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Green</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 5, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months 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 <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>					
13a. FATHER'S NAME <u>William Waddle</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>George Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Green, 2501 Windsor, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis &amp; Arteriosclerosis Heart</u> <u>Diurnal (fevered)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation &amp; Edema</u> DUE TO (c) <u>Possible Co. Arising</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 yrs</u> <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 H</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?	
22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>55</u> , to <u>3-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 26</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Robert E. ...</u>		23b. ADDRESS <u>Travis Ave Joplin Mo</u>		23c. DATE SIGNED <u>3-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-11-55</u>		REGISTRAR'S SIGNATURE <u>Bob S. Jazney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u>	
		ADDRESS <u>Joplin, Mo</u>			

138-0

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.49

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County File No. \_\_\_\_\_  
Date Filed APR 19 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..... *David Wilson*

Licensed Embalmer No. *387*

P. O. Address..... *John M.*

**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.**