

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15765

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 196
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. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 04950		
c. LENGTH OF STAY (in this place) 13 DAYS		d. STREET ADDRESS (If rural, give location) 2208 1/2 SERGEANT AVE.		
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				
3. NAME OF DECEASED (Type or Print) a. (First) SUSIE		b. (Middle) VIOLA		c. (Last) MOUNCE
4. DATE OF DEATH (Month) (Day) (Year) MAY 1, 1955				
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 19, 1896	9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY FREEMAN HOSPITAL		11. BIRTHPLACE (State or foreign country) DARDANELLE, ARK. /
12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME J. C. WOOD		13b. MOTHER'S MAIDEN NAME NANCY CONNELL		14. NAME OF HUSBAND OR WIFE GUY MOUNCE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME GUY MOUNCE, 2208 1/2 SERGEANT AVENUE
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) <i>Cu y colon.</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> 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.		
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) JOPLIN (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 Feb 5, 1955, to May 1, 1955, that I last saw the deceased alive on May 1, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>J. Crawford</i> (Degree or title) MD		23b. ADDRESS JOPLIN MO.		23c. DATE SIGNED 5/17/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-3-55		24c. NAME OF CEMETERY OR CREMATORY JOZARK MEMORIAL PARK
24d. LOCATION (City, town, or county) JOPLIN, MISSOURI		(State)		
DATE REC'D BY LOCAL REG. 5-14-55		REGISTRAR'S SIGNATURE <i>Wm J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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