

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33741

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>420</u>	
1. PLACE OF DEATH a. COUNTY <u>WASHER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>2 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL N SHOAL CREEK</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>RT. 4, BOX 394, JOPLIN MO</u>			
3. NAME OF DECEASED (Type or Print) <u>MAUDE</u>		a. (First)		b. (Middle)		c. (Last) <u>DAY</u>	
4. DATE OF DEATH <u>OCT. 14, 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 25, 1899</u>		9. AGE (In years last birthday) <u>55</u>		10. 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>OWN HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>ETHEL, MISSOURI</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES SHOWERS</u>		13b. MOTHER'S MAIDEN NAME <u>DORA SEAMSTER</u>	
14. NAME OF HUSBAND OR WIFE <u>EDWARD DAY</u>		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>EDWARD DAY, RT. 4, BOX 394, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> <u>Cirrhosis of liver</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) <u>5810</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>10-3</u> , 19 <u>55</u> , to <u>10-14</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E.H. Hume, M.D.</u> (Degree or title)				23b. ADDRESS <u>Frisco Bldg., JOPLIN, Mo.</u>		23c. DATE SIGNED <u>10-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORNE MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-19-55</u>		REGISTRAR'S SIGNATURE <u>Steve Parker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Student Embalmer

Signed *F. M. Jones*  
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 comply the above constitutes grounds for revocation of license.)**

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