

07311

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

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34154

State File No.

BIRTH NO.		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</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) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>55 years</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>129 E 33rd St.</u>				STREET ADDRESS (If rural, give location) <u>129 E. 33rd Street.</u>					
3. NAME OF DECEASED (Type or Print) <u>Mabel</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Fallis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-1955</u>			
5. SEX <u>F.</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-2-1883</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Copier Joint Sawing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wapping Water, Neb</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>S.W. Coglier</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Hunter</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Fallis Dead</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-4199</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Lobbey 1296 33rd 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUE TO (b) <u>Hypertension</u>				<u>48 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>CARDIO Vascular Renal Sy Disease</u>				<u>2 yrs.</u>				<u>2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/2X</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)					
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>9-30</u> , 19 <u>55</u> , to <u>9-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>55</u> , and that death occurred at <u>11:30</u> p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. A. McHoney M.D.</u>				23b. ADDRESS <u>Joplin, Mo</u>				23c. DATE SIGNED <u>10/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-17-55</u>		REGISTRAR'S SIGNATURE <u>John S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>By Walter Simpson</u>		ADDRESS <u>Thorn Hill - Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1955

RECEIVED

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NEOSHO, MISSOURI

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 DeLeon*

Licensed Embalmer No. 389

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.