

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (in this place) <b>3 WKS</b>	c. CITY OR TOWN <b>JOPLIN</b>	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 <b>JOPLIN GENERAL HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>201 CONNOR</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MOLLIE</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>DOWNS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 28 1955</b>
-------------------------------------	--------------------------	-------------------------	------------------------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>DEC 13 1898</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	--	-------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>AURORA SPRINGS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>ED MULDOON</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH OWREY</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
--------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SILAS DOWNS</b>	ADDRESS <b>JOPLIN</b>
--	----------------------------------	--	-----------------------

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 <b>2 DA.</b>  <b>2 YRS.</b>  <b>UNKNOWN.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) <b>DIABETES</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	

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 **Nov 10, 1955**, to **Nov 28, 1955**, that I last saw the deceased alive on **Nov 28, 1955**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. K. Elmore M.D.</b>	23b. ADDRESS	23c. DATE SIGNED
---	--------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>NOV 30 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL</b>	24d. LOCATION (City, town, or county) (State) <b>GALENA KAN</b>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>11-30-55</b>	REGISTRAR'S SIGNATURE <b>Wm. Harold Sampson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. George Joplin</b>	ADDRESS
--	---	---	---------

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

RECEIVED DEC 3 1955  
Jasper County Health Office  
County File Number 55-102-838  
Date Filed DEC 3 1955

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 *Dale Gibson*.....

Licensed Embalmer No. 45

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.