No. 300
10.48

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

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41098

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 540

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 1334 Ohio

0490

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Soles

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 20, 1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Columbus, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Flaherty
13b. MOTHER'S MAIDEN NAME: Mary Slattery
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Kathryn Gates, 826 W. Daugherty St. Webb City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY EMBOLISM MASSIVE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b): AS A RESULT OF THROMBOTIC GANGRENE BOTH FEET
DUE TO (c): FROST BITE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
455X

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES XXXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JOPLIN JASPER MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): UNKNOWN m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? BURNED FEET THEN SUSTAINED FROST BITE

22. *I hereby certify that I attended the deceased from* 6 Aug 2-19 55 *to* 12-19, 1955, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Hensch M.D.
23b. ADDRESS: First Nat'l Bldg Joplin Mo.
23c. DATE SIGNED: 12-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 22-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 12-23-55
REGISTRAR'S SIGNATURE: Ed S. James 138 by Dolores Lampkins Dep.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo. Mortuary

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 27 1955
Jasper County Health Office
County File Number 55-12-888
Date Filed DEC 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Ames

Licensed Embalmer No. 44

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.