

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16780**

FILED MAY 29 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 228

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 OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 2 MO + 3	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HOPE MANOR REST HOME - 13TH & REX CROSSING		e. STREET ADDRESS (If rural, give location) 10TH & DUQUESNE	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) AMANDA c. (Last) MCNABB	4. DATE OF DEATH (Month) (Day) (Year) MAY 19, 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 18, 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TEACHER	10b. KIND OF BUSINESS OR INDUSTRY JOPLIN PUB. SCHOOLS	11. BIRTHPLACE (City and State or Foreign Country) FT. SCOTT, Ks.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JIM DOBBINS	13b. MOTHER'S MAIDEN NAME ALICE CROUCH	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME JIM MCKALE, 10TH & DUQUESNE, JOPLIN	ADDRESS _____
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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 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		Since April, 1955 In April, 1955
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Previous Cerebral Hemorrhage		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5/14/56, 1956, to 5/19/56, 1956, that I last saw the deceased alive on 5/19/56, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____	23b. ADDRESS 321 Frisco Building Joplin, Missouri	23c. DATE SIGNED 5/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 5-22-56	24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	24d. LOCATION (City, town, or county) (State) FT. SCOTT, KANSAS
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DATE REC'D BY LOCAL REG. 5-22-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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RECEIVED MAY 28 1956
Jasper County Health Office

County File Number: 510-5-4119
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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 F. M. Jones
Licensed Embalmer No. 2312

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.