

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms with registered.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31116

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 424

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL			Length of stay in lb			d. STREET ADDRESS (If outside, give location) CONNOR HOTEL	
3. NAME OF DECEASED (Type or print) ELSIE				First ELSIE Middle Last MARSH		4. DATE OF DEATH SEPTEMBER 20 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-27-80		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME NO DATA				14. MOTHER'S MAIDEN NAME NO DATA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS MARGUERITE BUNCE BARTLESVILLE, OKLA			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis						INTERVAL BETWEEN ONSET AND DEATH 10 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Thrombotic Encephelomalacia W/Cerebral Hemorrhage 16 da	
						DUE TO (c) ArteroSclerosis 3 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? 332X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-9-49 to 9-20-56 and last saw her alive on 9-20-56 Death occurred at 5:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles B. Jagerst D.O.				22b. ADDRESS Frisco Bldg Joplin, Mo		22c. DATE SIGNED 9/21/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/22/1956	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) WEBB CITY MO		
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME			ADDRESS WEBB CITY, MO		25. DATE RECD. BY LOCAL REG. Sept. 25, 1956		26. REGISTRAR'S SIGNATURE Dove Merriam

OCT 16 1956

OCT 2 1957
OCT 3 1957

OCT 2 1957
OCT 3 1957

County File Number 56-10-774
Date Filed OCT 1

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 *Richard Gray*
Licensed Embalmer No. 44

P. O. Address *W...*

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