

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5221

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 81

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|-----------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | |
| c. LENGTH OF STAY (in this place) <u>55 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>404 Byers Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 Byers Avenue</u> | | d. STREET ADDRESS (If rural, give location) <u>404 Byers Avenue</u> | |

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|-----------------------------------------------------|------------|-------------|-----------|-----------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>MINTA</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1957</u> |
|-----------------------------------------------------|------------|-------------|-----------|-----------------------------------------------------------------|

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|-------------------------|----------------------------------|--------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 16, 1879</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------------------|----------------------------------|--------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|

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|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Eagle-Picher Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>Camden County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|

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|-----------------------------------------------|-------------------------------------------------|--------------------------------------------|
| 13a. FATHER'S NAME <u>James W. Huffman</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Bonner</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|-----------------------------------------------|-------------------------------------------------|--------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>491-01-1249</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.H. Landreth,</u> | ADDRESS <u>Joplin, Missouri</u> |
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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 <u>3 years.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Basal-epithelium Excision - No recurrence</u> | | 5 years. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200H</u> | 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) (m.) | 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 Oct 4, 1954, to Feb 5, 1957, that I last saw the deceased alive on Jan 27, 1957, and that death occurred at 6:00A m., from the causes and on the date stated above.

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|----------------------------------------------|-----------------------------|---------------------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>James W. Kohlert MD</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>805 Frisco Bldg Joplin, Mo</u> | 23c. DATE SIGNED <u>2-12-57</u> |
|----------------------------------------------|-----------------------------|---------------------------------------------------|------------------------------------|

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|------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 8, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> |
|------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|

| | | | |
|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|-------------------------------|
| DATE REC'D BY LOCAL REGS <u>2-14-57</u> | REGISTRAR'S SIGNATURE <u>Novie Merriam</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary,</u> | ADDRESS <u>Joplin, Mo.</u> |
|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|-------------------------------|

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

526

RECEIVED FEB 18 1957

Jasper County Health Office

County File Number 57-2-145

Date Filed FEB 18 1957

FEB 18 1957

MAY 21 1957

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 _____
Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

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 this body is not embalmed, fact should be so stated above.