Health, & Welfare Public Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 - 1957

9079 STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Inside Limits: Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1529 Bird Ave — Length of stay in lb: 4 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 0495 0 — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1529 Bird Ave., — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle L. Last MCCARTNEY

4. DATE OF DEATH Month Day Year: 3-17-1957

5. SEX: Fe,ale 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED 2 ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-22-1866

9. AGE (In years last birthday): 90 — 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: Homemaking

11. BIRTHPLACE (City and state or country): Marshall Michigan 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Aschel W. Bement

14. MOTHER'S MAIDEN NAME: Melvina Tracy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mabel Hartzell, 1529 Bird Ave., Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular dis c decompensation — INTERVAL BETWEEN ONSET AND DEATH: 10+ yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Aneurysm of Aortic Arch 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9/28/53, to 3/17/57 and last saw her/him alive on 3/17/57. Death occurred at 10:00 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. K. Wieman MD. 0

22b. ADDRESS: 717 Frisco Bldg. Joplin, Mo

22c. DATE SIGNED: 3/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-19-57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mort, Joplin, Mo

25. DATE RECD. BY LOCAL REG.: Mar. 26-57

26. REGISTRAR'S SIGNATURE: Dooce Merriam

526 0

(Licensed Embalmer's Statement on Reverse Side)

County File Number 52-4-249
Date Filed APR 21 1954

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 David Dillon

Licensed Embalmer No. 389

P. O. Address Joplin M

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