

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 296

157 0-21525

300  
-57  
0

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) JOPLIN		c. CITY OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ST. JOHN'S HOSP.		d. STREET ADDRESS 2110 MOFFET AVE.	
Length of stay in lb INSTITUTION ALWAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TILLIE MULLER ADE		4. DATE OF DEATH Month Day Year JUNE 14, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 14, 1882
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) JOPLIN, MO.	
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANTHONY MULLER		13b. MOTHER'S MAIDEN NAME AMELIA DOERGE	
14. NAME OF HUSBAND OR WIFE FRANK G. ADE		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 FRANK G. ADE, 2110 MOFFET AVENUE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		INTERVAL BETWEEN ONSET AND DEATH 8 HRS. 5 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Jan 1949 to June 14, 1957 and last saw her alive on June 11, 1957 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE G. A. Schulte, M.D.		22b. ADDRESS 2125 Jackson Ave, Joplin, Mo	
22c. DATE SIGNED 6/17/57		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 6-17-57		23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	
23d. LOCATION (City, town, or county) WEBB CITY, MISSOURI		24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	
25. DATE RECD. BY LOCAL REG. 6-19-1957		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

26  
0

County File Number 57-6-531  
Date Filed JUN 24 1957

OCT 4 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 .....  
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Jap. Lin. Inc.*

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.