

Health, Welfare
Public
Service

FILED SEP 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

285443
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 155

300
1-57

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, give TOWNSHIP only) OR TOWN <u>Webb City MINERAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elmhurst Red Home, Joplin</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>1722 Murphy</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>EMMA</u> Last <u>THEURER</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>25</u> Year <u>1957</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 8 1885</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Joplin Mo - 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>John Apperson</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Bonetter</u>	14. NAME OF HUSBAND OR WIFE <u>Eli J. (deceased)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>No</u> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Ruth Dubbs 2515 E 32nd Joplin</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
DUE TO (b) <u>Cerebral thrombosis June 27 & 28</u>		
DUE TO (c)		
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? 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.)
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20c. TIME OF INJURY Hour <u>am</u> Month, Day, Year <u>p.m.</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>Jan 57</u> to <u>Aug 24, 57</u> and last saw her alive on <u>Aug 24 1957</u> Death occurred at <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>George Light M.D.</u>	22b. ADDRESS <u>222 Webb City, Mo</u>	22c. DATE SIGNED <u>8-30-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-27-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin Mo -</u>
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24. FUNERAL DIRECTOR <u>Therese Willow</u> ADDRESS <u>Joplin Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-2-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard manufacturer in item 18. No symptoms with or without. All diseases in Part I must be causally related.

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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 *W. H. ...*

Licensed Embalmer No. *4770*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.