

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014676
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 156 / 156 Primary Registration District No. 2001 Registrar's No. 170

300
1-57

Winkle

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		c. CITY OR TOWN Joplin	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin, General		d. STREET ADDRESS (If outside, give location) 720 Minnesota	
3. NAME OF DECEASED (Type or print) First Middle Last Etta Green WILLIAMS		4. DATE OF DEATH Month Day Year April 3, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1877
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Plymirth, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Hiram Platt	
14. NAME OF HUSBAND OR WIFE Edward N.		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. None		17. INFORMANT J. W. Green 720 Minnesota Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocarditis DUE TO (c) aortic stenosis, mitral regurgitation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General senility			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr. unknown
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 1952 to 1958 and last saw her alive on 4-3-58 Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Winkle</i>		22b. ADDRESS 521 W. 4th Joplin, Missouri	
22c. DATE SIGNED 4-7-58		23. NAME OF CEMETERY OR CREMATORY Forest Park C	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-7-58	
23c. LOCATION (City, town, or county) Joplin, Missouri		23d. (State)	
24. FUNERAL DIRECTOR Thornhill-Dillon		25. DATE RECD. BY LOCAL REG. 4-10-1958	
ADDRESS Joplin, Missouri		26. REGISTRAR'S SIGNATURE <i>Wooe Merriam</i>	

County File Number 58-4-351
Date Filed APR 16 1958

STATEMENT BY LICENSED EMBALMER

11-711

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