

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5156

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2004		Registrar's No. 341	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Oklahoma b. COUNTY Ottawa			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miami		8550	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 230 B. So. East 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Ella		b. (Middle) Z.		c. (Last) Brown	
4. DATE OF DEATH Jan. 13, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July, 24, 1882		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		11. BIRTHPLACE (State or foreign country) 7	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alexander Zane		13b. MOTHER'S MAIDEN NAME Lacy Ann Robinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. C. Atkinson		ADDRESS Kansas City, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart & Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Carcinoma Sigmoid DUE TO (c) metastatic carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  152x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid metastatic				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 1/2, 1950, to 1/13, 1950, that I last saw the deceased alive on 1/13, 1950, and that death occurred at 6:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. E. Hemmick		(Degree or title)		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 1-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Jan. 16, 50		24c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery		24d. LOCATION (City, town, or county) (State) Miami, Okla.	
DATE REC'D BY LOCAL REG. 1-27-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Miami, Okla.	

(Licensed Embalmers' Statements on Reverse Side)

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

RECEIVED 2-1-50  
Jasper County Health Office

County File Number 50-1-60

Date Filed 2-18-50

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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 \_\_\_\_\_

*Kenneth Black*

working under my personal supervision.

Student Embalmer No. ....

Signed *Kenneth Black*

Signed.....  
Student Embalmer

Licensed Embalmer No. 414

P. O. Address *Miami, Okla*

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.