

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40820

STATE FILE NUMBER

FILED DEC 6 - 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 557

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2505 Kentucky		Length of stay in 1b 3 Yrs.	d. STREET ADDRESS 2505 Kentucky (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Marie Vaughan			4. DATE OF DEATH Month Day Year Nov. 7, 1957		
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 July 1, 1902	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months 4 Days 6 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	11. BIRTHPLACE (City and state or country) Cherokee, Okla.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isaac R. Beatley			14. MOTHER'S MAIDEN NAME Emma Mendenhall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT W.E. Vaughan 2505 Kentucky 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) Generalized Carcinoma Ptosis					INTERVAL BETWEEN ONSET AND DEATH July 1954
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					Feb 1957
DUE TO (b) Cervical destruction Carcinoma					Nov 7 1957
DUE TO (c) Respiratory Failure					
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"/> 2
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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
21. I attended the deceased from July 1954 to Nov 4 1957 and last saw her alive on Nov 6 1957 Death occurred at 8:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B.O. 2			22b. ADDRESS Joplin, Mo.		22c. DATE SIGNED 11-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-10-57	23c. NAME OF CEMETERY OR CREMATORY Laural Oak Cem.		23d. LOCATION (City, town, or county) (State) Windsor, Mo.	
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 11-29-1957		26. REGISTRAR'S SIGNATURE Dovie Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, & Welfare Service
S. 300, 7. 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 causally related. Coroner cannot certify to a death due to natural causes.

Missouri State Board of Health
County File Number 57-13-981
Date Filed DEC 3 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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.