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

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 55805

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>lifetime</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2620 Zora</b>			d. STREET ADDRESS (If rural, give location) <b>2620 Zora</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>GENEVA</b> b. (Middle) <b>MAUDE</b> c. (Last) <b>STAVES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 11 49</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>11-3-1885</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>8</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carthage, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILL VERNON</b>		13b. MOTHER'S MAIDEN NAME <b>GEORGIA FRIEND</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>CURTIS STAVES, 611 N. Michigan, Joplin</b>		ADDRESS <b>MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple myeloma</b>			ANTECEDENT CAUSES			8		
			DUE TO (b)					
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>multiple metastasis to bony skeleton</b>			ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>Joplin Jasper MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Sept 27**, 1948, to **Feb 11**, 1949, that I last saw the deceased alive on **Feb 11**, 1949 and that death occurred at **6:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John E. Burch, M.D.</b>		23b. ADDRESS <b>Frisco Bldg, Joplin</b>		23c. DATE SIGNED <b>2-12-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-14-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osborne</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
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DATE REC'D BY LOCAL REG <b>2-15-49</b>	REGISTRAR'S SIGNATURE <b>Ed James</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PARKER-HUNSAKER MORTUARY, JOPLIN, MO</b>		ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1958

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 .....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

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 this body is not embalmed, fact should be so stated above.