5. No. 300
v. 10.48

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

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16331

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 257

49 2 5

1. PLACE OF DEATH

a. COUNTY: JASPER

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN

c. LENGTH OF STAY (in this place): 15 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 905½ Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI b. COUNTY: JASPER

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN

d. STREET ADDRESS (If rural, give location): 905½ Main

3. NAME OF DECEASED (Type or Print)

a. (First): BARBARA b. (Middle): c. (Last): PEARSON

4. DATE OF DEATH (Month): 4 (Day): 7 (Year): 49

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1908

9. AGE (In years last birthday): 40 If under 1 year: Months: 8 Days: 15 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 (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Smith

13b. MOTHER'S MAIDEN NAME: Kate Sheffield

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Kate Forsythe ADDRESS: Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Toxic Myocardosis — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL WKS

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) PULMONARY TOBERCULOSIS — SEVERAL YEARS.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* THIS PERSON BECAME WHOLLY INSANE IN THE LAST MONTH OF HER EXISTENCE. — LAST MO OF EXISTENCE

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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): 002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 25, 1949, *to* April 7, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 2:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Kerr, D.O.

23b. ADDRESS: 530½ Main St. Joplin

23c. DATE SIGNED: 5-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-11-49

24c. NAME OF CEMETERY OR CREMATORY: Forest Park

24d. LOCATION (City, town, or county): Joplin (State): Mo.

DATE REC'D BY LOCAL REG.: 6-1-49 By Ed James

REGISTRAR'S SIGNATURE: Ed James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker-Hunsaker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

49-5-448

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.