

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27185**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 355

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 township) <b>Joplin</b>	c. LENGTH OF STAY (in this place) <b>30 Yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>214 East 14th</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Marian</b>	b. (Middle) <b>Jasper</b>	c. (Last) <b>Endicott</b>	Aug	10	1949
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 29, 1870</b>		9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>South East Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Wm Endicott</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel Wyatt</b>	14. NAME OF HUSBAND, OR WIFE <b>Catherine Endicott</b>
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 ADDRESS <b>Joplin Catherine Endicott, 214 E. 14th</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial dilatation</b>			<b>6 hours</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Auricular fibrillation</b>		<b>48 hours</b>
	DUE TO (c) <b>Chronic myocardial degeneration</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>47.28</b>
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)
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 8-2-49, 1949, to 8-10-49, 1949, that I last saw the deceased alive on 8-10-49, 1949, and that death occurred at 10:52 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. A. Mahoney, M.D.</b>	23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>8-12-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-13-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem.</b>
DATE REC'D BY LOCAL REG. <b>8-13-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Mo.</b>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker-Hunsaker Mortuary Joplin Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-29-49

Jasper County Health Office

County File Number 49-8-641

Date Filed 8-29-49

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.

Signed

*F. M. Jones*

Signed \_\_\_\_\_

Student Embalmer

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.