

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13502**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **2002** Registrar's No. **900**

0495  
D. Kubin

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

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. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>42 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1909 Annie Baxter Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Kathleen</b> b. (Middle) <b>M.</b> c. (Last) <b>STITES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 28, 1893</b>		9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR: Months <b>1</b> Days <b>1</b>	
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 <b>Home Making</b>		11. BIRTHPLACE (State or foreign country) <b>Richill, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Highland M. McBride</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Flescher</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence Stites</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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Stites</b>	
ADDRESS <b>1909 Annie Baxter Joplin</b>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulated Ventral Hernia</b>		ANTECEDENT CAUSES				3 Hours Duration	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal Obstruction</b>				11-25-41	
		DUE TO (c) <b>Hypertension</b>				11-25-41	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>5600</b>	

19a. DATE OF OPERATION <b>4-29-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ventral hernia with incarcerated and numerous adhesions throughout the entire gastro-intesti-</b>				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) tract (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **11-25-1941**, to **4-30-1950**, that I last saw the deceased alive on **4-30-1950**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>321 Frisco Bldg., Joplin, Mo.</b>		23c. DATE SIGNED <b>5-1-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 3, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>5-2-50</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillen Mort.</b>		ADDRESS <b>Joplin, Mo.</b>	
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RECEIVED 5-8-50  
Jasper County Health Office

County File Number 50-4-369  
Date Filed 5-8-50

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 Charles E. Frey  
Licensed Embalmer No. 47680  
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.