

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **120684**
Registrar's No. **5201**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **22001**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, or if institution, residence before admission) a. STATE Okla. b. COUNTY Ottawa	
b. CITY (If outside corporate limits, write RURAL and give township) Opalin		c. CITY (If outside corporate limits, write RURAL and give township) Picher	
c. LENGTH OF STAY (in this place) 35		d. STREET ADDRESS (If rural, give location) 410 So. Emily	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
3. NAME OF DECEASED a. (First) Mattie b. (Middle) - c. (Last) Stone			4. DATE OF DEATH (Month) (Day) (Year) June 21-1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 1-1880
9. AGE (In years) 70 Months 3 Days 27 IF UNDER 14 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Spencer, Ind.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Allie Henderson		ADDRESS Commerce	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis.			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystectomy			13 hrs.
DUE TO (c) Chr. cholangitis			8 wks.
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Chr. cholangitis, suppurative cirrhosis of liver, severe chr. cholecystitis	
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) 585X			
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 March 28, 1944 to June 21, 1950 , that I last saw the deceased alive on June 21, 1950 , and that death occurred at 4:05 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. L. Loefer M.D.		23b. ADDRESS Trisco Bldg - Dallas Mo	
23c. DATE SIGNED 6-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-21-50	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Picher Okla.	
DATE REC'D BY LOCAL REG. 6-22-50		REGISTRAR'S SIGNATURE James	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas L. Linnell		ADDRESS Picher	

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

RECEIVED 6-23-50
Jasper County Health Office

County File Number 50-6-497

Date Filed 6-23-50

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

Paul Thomas

working under my personal supervision.

Student Embalmer No.....

Signed Paul Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Picher, Okla

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.