S. No. 300
v. 10.48

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25852

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada Hospital
c. LENGTH OF STAY (In this place): 48 years 3 mos 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) RACHEL b. (Middle) CANNON c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 7-23-50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 91 — If under 1 year: Months ? Days ? — If under 24 hrs.: Hours ? Min. ?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Wm. Tindle
13b. MOTHER'S MAIDEN NAME: Belle McKee
14. NAME OF HUSBAND OR WIFE: Unknown

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: Hospital Records — **ADDRESS**: Nevada

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — ?
DUE TO (c) ✓ — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Asthma — ?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4221
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* 6-27-, 1950 *to* 7-28-, 1950 *that I last saw the deceased alive on* 7-23, 1950, *and that death occurred at* 12- m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. S. Vail (Degree or title) MD
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 7-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23, 1950
24c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: July 31, 1950
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thornhill-Dillon Mortuary Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-918

Date Filed 8-5-50

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 William E. Huddleston

Licensed Embalmer No. 4770

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.