

No. 300
10-48

195

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

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27295

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (in this place) 35 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital		d. STREET ADDRESS (If rural, give location) 1119 Furnace 0	

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) Ann c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) August 12, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28 1879		9. AGE (in years last birthday) 72 yrs		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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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		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Rollie Hightower		13b. MOTHER'S MAIDEN NAME Kathryn Reynolds		14. NAME OF HUSBAND OR WIFE John Williams	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, show war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Williams; 1119 Furnace	
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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, asthma, 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) <i>Medullary failure due to toxemia</i>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Cholelithiasis + Acute Pancreatitis 2 weeks</i>					
		DUE TO (c) <i>Cholelithiasis</i>				2 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				584X	

19a. DATE OF OPERATION 8/10/50		19b. MAJOR FINDINGS OF OPERATION <i>Acute Cholelithiasis with lithiasis - Acute Pancreatitis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 8-4, 1950, to 8-12, 1950, that I last saw the deceased alive on 8-4, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE <i>Donald S. Woods, D.O.</i> (Degree or title)		22b. ADDRESS: 521 W. 4. Joplin Mo		22c. DATE SIGNED 8-12-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-15-50		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin Missouri	
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DATE REC'D BY LOCAL REG. 8-15-50		REGISTRAR'S SIGNATURE <i>Ly Dallas Sampson</i> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin Mo	
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RECEIVED 8-21-50

Jasper County Health Office

County File Number 50-8-615

Date Filed 8-21-50

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 Steve Parker

Licensed Embalmer No. 2348

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.