

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41624

State File No. _____

No. 300
10.48

FILED JAN 6 1951

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Newton		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 Stella		c. LENGTH OF STAY (In this place) 18 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
		d. STREET ADDRESS (If rural, give location) 1617 Ohio	

3. NAME OF DECEASED (Type or Print) a. (First) Janice b. (Middle) Marie c. (Last) Spiva			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1950		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 8 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 1 11 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Stella, Missouri	
13a. FATHER'S NAME Edwin Spiva			13b. MOTHER'S MAIDEN NAME Fern Fulckerson		14. NAME OF HUSBAND OR WIFE None
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 ADDRESS Edwin Spiva Joplin, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Stella, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edwin Spiva			13b. MOTHER'S MAIDEN NAME Fern Fulckerson		14. NAME OF HUSBAND OR WIFE None		
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 ADDRESS Edwin Spiva Joplin, Missouri			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
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) Virus pneumonia					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-7- 1950, to 12-25- 1950, that I last saw the deceased alive on 12-25- 1950, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Cardwell M.D.		23b. ADDRESS Stella, Mo.		23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-27-50		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cem.	
24d. LOCATION (City, town, or county) (State) Stella, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Morris Pope Wheaton, Mo.			
DATE REC'D BY LOCAL REG. 12-29-1950		REGISTRAR'S SIGNATURE Alphe Dyer		369	

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

730
0

RECEIVED

District Health Officer No. Newton Co. H D

District File Number 151-9

Date Filed 1/2/51

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 James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.