

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 87-113
9033
REGISTRAR'S NO. 12081

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 280

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 301 Maple St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital			
3. NAME OF DECEASED a. (First) ROBERTA		b. (Middle) J.	c. (Last) WHITED
4. DATE OF DEATH (Month) (Day) (Year) March 5, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1879
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 20	IF UNDER 1 YEAR Hours
IF UNDER 1 YEAR Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Avery G. Swagger		13b. MOTHER'S MAIDEN NAME Martha E. Coulter	14. NAME OF HUSBAND OR WIFE Imogene Mobley Carterville, Mo.
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. 	17. INFORMANT'S SIGNATURE OR NAME Imogene Mobley Carterville, Mo.
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) Acute Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension essential DUE TO (c) arteriolar nephrosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cholelithiasis	
19a. DATE OF OPERATION 		19b. MAJOR FINDINGS OF OPERATION 4/42 X	20. AUTOPSY? YES <input checked="" 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) (Minute)	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 <u>2/21</u> <u>3, 1951</u> , to <u>3/5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>51</u> , and that death occurred at <u>3:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE R. K. Saylor M.D.		23b. ADDRESS 110 N. Webb St. Webb City	23c. DATE SIGNED 2/7/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-51	24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
DATE REC'D BY LOCAL REG. 3-12-51	REGISTRAR'S SIGNATURE James 138	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	
		ADDRESS Webb City, Missouri	

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

RECEIVED 3-22-51

Jasper County Health Office

County File Number 51-3-227

Date Filed 3-22-51

MAR 24 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Howard J. Lewis Jr.*

Signed _____
Student Embalmer

Licensed Embalmer No. *45-61*

P. O. Address *Wibb City, 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.