

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13032

State File No.

FILED APR 24 1951

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>REF # 3.</u>				d. STREET ADDRESS (If rural, give location) <u>REF # 3.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSIE</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>MILLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-51</u>							
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 28 1895</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>CHARLES CLARK</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH PHIPPS</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARY SIMON JOPLIN</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		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 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)			
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.)		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>4-10</u> , 19 <u>51</u> , to <u>4-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>51</u> , and that death occurred at <u>7:20</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. N. Jorgensen</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>4/16/51</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>0</u>		24b. DATE <u>4-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM. JOPLIN</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-18-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLOT GLOVER JOPLIN</u> ADDRESS			

(Licensed Embalmer's Placement on Reverse Side)

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

490

RECEIVED 4-23-51
Jasper County Health Office

County File Number 51/4/334
Date Filed 4-23-51

MAY 2 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 _____

Lloyd C. McCord

working under my personal supervision.

Student Embalmer No. 398

Signed Lloyd C. McCord
Student Embalmer

Signed Ernest A. Hicks

Licensed Embalmer No. 4823

P. O. Address Jasper 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.