

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8750**

495

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)			
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1305 Ky</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>1305 Ky</u>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years)	
a. (First) <u>Anna</u>		b. (Middle) <u>Nelson</u>		c. (Last) <u>Nelson</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1952</u>	
7. SEX <u>Female</u>		8. COLOR OR RACE <u>white</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		10. DATE OF BIRTH <u>July 6, 1874</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		12. KIND OF BUSINESS OR INDUSTRY <u>home</u>		13. BIRTHPLACE (State or foreign country) <u>Carbondale, Penn</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15a. FATHER'S NAME <u>Anthony O'Connor</u>		15b. MOTHER'S MAIDEN NAME <u>Elizabeth Healey</u>		16. NAME OF HUSBAND OR WIFE			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		18. SOCIAL SECURITY NO.		19. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Nelson, 1305 Ky</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease and arteriosclerosis (generalized)</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>			
				ANTECEDENT CAUSES Morbid 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. <u>Secondary anemia - omphalitis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			
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)		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>5-1</u> , 19 <u>49</u> , to <u>3/22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>52</u> , and that death occurred at <u>9:10A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. A. Schulte, M. D.</u>				23b. ADDRESS <u>421 Frisco Bldg, Joplin, Mo</u>		23c. DATE SIGNED <u>3/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-27-52</u>		REGISTRAR'S SIGNATURE <u>G. A. Schulte</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo</u>			

RECEIVED 3-31-52
Jasper County Health Office

County File Number 52/3/268
Date Filed 3-31-52

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

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.