

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20876

State File No.

FILED JUL 15 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 304

495

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

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 town) Joplin		c. CITY (If outside corporate limits; write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 1705 Wall St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) MABEL	a. (First)	b. (Middle) MINNIE	c. (Last) PRINCE	4. DATE OF DEATH July 7, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 1, 1874	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Carthage, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown Hamilton	13b. MOTHER'S MAIDEN NAME Lena	14. NAME OF HUSBAND OR WIFE Oregon F. Prince
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Edmondson, 3413 Ruby Way, Joplin Mo	ADDRESS
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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, asthenia, 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) Cerebral hemorrhage		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Chronic lymphatic leukemia		Known 6 mo. Known 1 year
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 331XH	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 7-5-52, to 7-7-1952, that I last saw the deceased alive on 7-6-52, and that death occurred at 1:48a m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Hamilton MD	23b. ADDRESS Joplin, Mo	23c. DATE SIGNED 7-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE E. S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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RECEIVED

7/14

Jasper County Health Office

County File Number 563

Date Filed 7/14/32

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 Frank W. Kell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.