

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24814**
337

0495

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

BIRTH NO. _____ REG. DIST. NO. **56** PRIMARY REG. DIST. NO. **2001** Registrar's No. **337**

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 Joplin	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 2026 So. MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			
3. NAME OF DECEASED (Type or Print) a. (First) AGNES-HANNAH-FORBRAGD		b. (Middle) _____ c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 6-11-1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-30-1888
9. AGE (In years) (last birthday) 63		10. MONTHS 11 DAYS _____ HOURS _____ MINS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY JAME	
11. BIRTHPLACE (State or foreign country) STRATFORD-N.H.		12. CITIZEN OF WHAT COUNTRY? US.	
13a. FATHER'S NAME JOHN-BENNETT.		13b. MOTHER'S MAIDEN NAME DELIA-DICKEY.	
14. NAME OF HUSBAND OR WIFE S.M.FORBRAGD.			
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 L.M. Forbragd		ADDRESS 2026 MAIN Joplin 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) originally from left Breast. 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"/>		170X	
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 5-4-1952 , to 6-11-1952 , that I last saw the deceased alive on 6-11-1952 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE L. Crawford, M.D. (Degree or title)		23b. ADDRESS Joplin Mo.	
23c. DATE SIGNED 7/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-12-52	
24c. NAME OF CEMETERY OR CREMATORY PINEVILLE		24d. LOCATION (City, town, or county) (State) PINEVILLE MO.	
DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE L. M. Forbragd	
25. FUNERAL DIRECTOR'S SIGNATURE L. M. Forbragd		ADDRESS 2026 MAIN Joplin Mo.	

RECEIVED 7-26-52
Jasper County Health Office

County File Number 52/7/592
Date Filed 7-26-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. M. Humphreys Jr.

Licensed Embalmer No. 46708

P. O. Address Noel 7th

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.