

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 15 1952

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5835 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural - Shoal Creek</b> ) c. LENGTH OF STAY (In this place) <b>7 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Shoal Creek</b> <b>0730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>37th &amp; Wisconsin, Joplin</b>		d. STREET ADDRESS (If rural, give location) <b>37th &amp; Wisconsin, Joplin</b> <b>0</b>	
3. NAME OF DECEASED a. (First) <b>Margaret</b> (Type or Print)		b. (Middle) <b>Ann</b>	
c. (Last) <b>Bright</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 28, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 3, 1873</b>
9. AGE (In years last birthday) <b>79</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Monroe County, Missouri</b>	
13a. FATHER'S NAME <b>Joe Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Chapman</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph L. Bright</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cerebral vascular accident</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>Cerebral sclerosis</b> <b>Hypertension</b>  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 <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hr.</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>331X</b>	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 <b>Aug. 17, 1952</b> , to <b>Aug. 28, 1952</b> , that I last saw the deceased alive on <b>Aug. 28, 1952</b> , and that death occurred at <b>5:47P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>SP Morgan</b>		23b. ADDRESS <b>3014 Main Joplin Mo</b>	
23c. DATE SIGNED <b>8/30/52</b>		24. BIRTHAL CREMATION REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>August 30 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>	
24d. LOCATION (City, town, or county) (State) <b>Joplin Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY JOPLIN MO.</b>	
DATE REC'D BY LOCAL REG. <b>9-2-52</b>		REGISTRAR'S SIGNATURE <b>Ed D. James</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

130

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 952-181

Date Filed 9-10-52

NEOSHO, MISSOURI

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 F. M. Jones

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.