

FILED FEB 4 1953

STANDARD CERTIFICATE OF DEATH

1816

State File No. 03712374

Registrar's No. 5251

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 5251

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>TOPLIN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CARTERSVILLE</u>	
c. LENGTH OF STAY (In this place) <u>8 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>312 CLAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>BESSIE</u>		b. (Middle) <u>ELOISE</u>	
		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 24 1953</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>APR 25, 1893</u>
9. AGE (In years last birthday) <u>59</u>		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 (City and State or Foreign Country) <u>NORWOOD MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY JANE BRADY</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS GRACE CAMPBELL</u> ADDRESS <u>CARTERSVILLE</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>593x</u>	
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>1-23-53</u> 1953, to <u>1-24</u> , 1953, that I last saw the deceased alive on <u>1-24</u> , 1953, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Bliss H. Wilson</u> (Degree or title) <u>MD 1923 Surgeon</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>1-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MOUNTAIN PARK</u>	24d. LOCATION (City, town, or county) (State) <u>TOPLIN MO</u>
DATE REC'D BY LOCAL REG. <u>1-27-53</u>	REGISTRAR'S SIGNATURE <u>Bliss H. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Elmer</u> ADDRESS <u>Toplin</u>	

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

495
0
Bliss H. Wilson

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/115
Date Filed 2-2-53

FEB 5 1953

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 _____

Licensed Embalmer No. 45-93

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.