

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2319

State File No.

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 200L Registrar's No. 1

1935

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

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MAXWELL</u> <u>8143</u>	
c. LENGTH OF STAY (In this place) <u>5 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>4433 MAIN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHRYN</u> b. (Middle) <u>JULIA</u> c. (Last) <u>EVE MINGLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19 1953</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>JULY 11, 1883</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR: MONTHS _____ DAYS _____		10. UNDER 6 MRS. HOURS _____ MINS _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Kindergarten</u>			11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>DAVID MINGLE</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BAIR</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>		
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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>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. R.L. HANEY</u>		ADDRESS <u>JOPLIN Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic myocarditis probably</u> <u>Partial Heart Block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> <u>septic spleen cloudy swelling</u> DUE TO (c) <u>Large liver liver & kidneys</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 <u>481X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Ferguson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Frisco Bldg</u>		23c. DATE SIGNED <u>Jan 19, 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>MAXWELL, IOWA</u>	
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DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker</u>		ADDRESS <u>Mortuary, Joplin, Mo.</u>	
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 153-17
Date Filed 1-30-53

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 _____

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.