

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10291

State File No. 133
Registrar's No. 133

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 133		
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. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin MO 0495		d. STREET ADDRESS (If rural, give location) 2201 MCKINLEY 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2201 MCKINLEY.								
3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) JOAN c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) 3-12-53					
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 2-15-1870		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE DUTY			10b. KIND OF BUSINESS OR INDUSTRY SAME.		11. BIRTHPLACE (City and State or Foreign Country) HARTSVILLE MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME No RECORD			13b. MOTHER'S MAIDEN NAME No RECORD			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Frank L. Wilson ADDRESS 2201 MCKINLEY				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza								
DUE TO (c) Paralysis agitans								
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 type="checkbox"/>		
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 2-3-1950 to 3-12-1953 , that I last saw the deceased alive on 3-12-1953 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE John W. Korbela, M.D.				23b. ADDRESS Joplin Mo.		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/16/1953		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL		24d. LOCATION (City, town, or county) (State) Joplin Mo.		
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE W. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE WALTER GLOVER MORFARX		ADDRESS		

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

Korbela

RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/262
Date Filed 3-23-53

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. 35621

P. O. Address Jasper 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.