

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14689

State File No. _____

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 224

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

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) 6 DAYS		d. STREET ADDRESS (If rural, give location) 732 OHIO	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) STELLA		b. (Middle) VIOLA	
		c. (Last) EDWARDS	
4. DATE OF DEATH (Month) (Day) (Year) MAY 6, 1953			
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 18, 1871	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MO.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES M. RICHARDSON	
13b. MOTHER'S MAIDEN NAME MAY E. LESLIE		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) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME JOHN EDWARDS, 732 OHIO, JOPLIN			
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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism - Right Hemisphere		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation 1 year			
DUE TO (c) Arteriosclerotic Heart Disease 5 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolism - Left Hemisphere 6 mos			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan. 31, 1952</u> to <u>May 6, 1953</u> that I last saw the deceased alive on <u>May 6, 1953</u> and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Kordele, M.D.		23b. ADDRESS FRISCO BLDG. JOPLIN, MO	
23c. DATE SIGNED 5-8-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-9-53	
24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 5-9-53		REGISTRAR'S SIGNATURE Ed S. Jansen	
25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker		ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

RECEIVED 5-12-53
Jasper County Health Office

County File Number 53-5-409
Date Filed 5-12-53

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
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.