

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29025

State File No. _____
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 398

FILED SEP 1 - 1953

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Noel Mo. 0600</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>L.</u> c. (Last) <u>Garside</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.M.</u>	
8. DATE OF BIRTH <u>Aug. 31, 1862</u>		9. AGE (in years) <u>90</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Newspaper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Press</u>		11. BIRTHPLACE (State or foreign country) <u>Webr. City Webr.</u>	

13a. FATHER'S NAME <u>J. Garside</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Cox</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances G. Coleman</u> ADDRESS _____	

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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular-renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hours.</u> <u>Unknown</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		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 5-26, 1949, to 6-26-53, 1953, that I last saw the deceased alive on 6-26, 1953, and that death occurred at 4.05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. [Signature]</u> (Degree or title) _____		23b. ADDRESS <u>321 Frisco Building, Joplin, Mo.</u>		23c. DATE SIGNED <u>8-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem Atchison Kans.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		138	

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

RECEIVED AUG 31 1953

Jasper County Health Office

County File Number 206

Date Filed AUG 31 1953

AUG 26 1955

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 H. B. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.