

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43344

State File No. _____

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 2001 Registrar's No. 546

0495

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

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 (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u> yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2602 N. Florida</u>		e. STREET ADDRESS (If rural, give location) <u>2602 N. Florida</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ABBIE</u> b. (Middle) <u>APPLE</u> c. (Last) <u>APPLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 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>July 17, 1870</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Norway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Burch</u>	13b. MOTHER'S MAIDEN NAME <u>Mattha Bishop</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. W. Ashford, 2602 N. Florida</u> ADDRESS _____	
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) <u>arterio-sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arterio sclerosis</u>	
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"/>
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) <u>4200</u>	
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>8-12, 1953</u> to <u>12-2-53</u> , that I last saw the deceased alive on <u>12-2, 1953</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. H. Lewis</u> (Degree or title) _____		23b. ADDRESS <u>Missio Bldg. Joplin, Mo.</u>	23c. DATE SIGNED <u>12-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cash Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-8-53</u>	REGISTRAR'S SIGNATURE <u>Ed J. Garner</u> 158	25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parks Mortuary, Joplin, Mo.</u> ADDRESS _____	

RECEIVED DEC 14 1953

Jasper County Health Office

County File Number 53-12-994

Date Filed ~~DEC 14 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.....
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 7319.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.