

FILED MAY 26 1954

## STANDARD CERTIFICATE OF DEATH

State File No. **16388**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Joplin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>316 Kentucky Ave.,</b> <i>2495 2</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Angela</b> b. (Middle) <b>Samuels</b> c. (Last) <b>Winters</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1954</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cloroed</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-21-1908</b>		9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	IF UNDER 24 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Dan Givins</b>			13b. MOTHER'S MAIDEN NAME <b>Effie Stover</b>			14. NAME OF HUSBAND OR WIFE <b>William</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Winters.,</b> ADDRESS <b>2729 Olive, K. C. Mo</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3-6 yrs?</b>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Chronic nephritis</b>						- ?		
	DUE TO (c) <b>Visical calculus</b>						?		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>592X</b>						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) (Min.)		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 _____, 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 <i>[Signature]</i> (Name or title)				23b. ADDRESS <b>Joplin, Mo.</b>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 10th, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkway Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>5-14-54</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>138</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mortuary, Joplin, Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 24 195  
Jasper County Health Office  
County File Number 54-5-40  
Date Filed MAY 24 195

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: *William E. Huddleston*

Licensed Embalmer No. *3896*

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