No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23322

FILED JUL 27 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 329

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Seneca, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural, 5½ mi so. of Seneca

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle b. (Middle) Edith c. (Last) Deist

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1954

5. SEX: F

6. COLOR OR RACE: wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): mar.

8. DATE OF BIRTH: July 20, 1889

9. AGE (In years last birthday): 64 — If under 1 year: Months ___ Days ___ If under 1 hr.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ___

11. BIRTHPLACE (City and State or Foreign Country): Norwood, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Adam Thomas

13b. MOTHER'S MAIDEN NAME: Maud Bebee

14. NAME OF HUSBAND OR WIFE: Fred Deist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ___

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fred Deist, Seneca, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy cerebral — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Left Hemiplegia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: ___

19b. MAJOR FINDINGS OF OPERATION: ___

20. AUTOPSY? YES ☐ NO ☒

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) m.: ___

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ___

22. I hereby certify that I attended the deceased from July 13, 1954 to July 13, 1954 that I last saw the deceased alive on July 13, 1954, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): A. L. Crawford M.D.

23b. ADDRESS: Joplin Mo

23c. DATE SIGNED: 7/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-15-54

24c. NAME OF CEMETERY OR CREMATORY: Swars Fr. Bapt. Cem.

24d. LOCATION (City, town, or county) (State): Newton Co. Mo.

DATE REC'D BY LOCAL REG.: 7-20-54

REGISTRAR'S SIGNATURE: Lloyd Lazzell 138- by Velma Lampkins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. Riddlemoser Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 26 19
Jasper County Health Office
County File Number 54-7-5
Date Filed JUL 26 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W E Riddlecome

Licensed Embalmer No 217

P. O. Address Seneca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.