

FILED MAR 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8529

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
c. LENGTH OF STAY (in this place) 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) CARTERVILLE 0490
d. STREET ADDRESS (If rural, give location) 101 E. MAIN ST.

3. NAME OF DECEASED
a. (First) DONZIE b. (Middle) VIRGINIA c. (Last) AUSTIN

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 22, 1955

5. SEX F

6. COLOR OR RACE W

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

8. DATE OF BIRTH JULY 26, 1875

9. AGE (In years last birthday) 79

IF UNDER 1 YEAR: Months Days
IF UNDER 6 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY CONVALESCENT HOME

11. BIRTHPLACE (State or foreign country) ALABAMA

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

13a. FATHER'S NAME UNK

13b. MOTHER'S MAIDEN NAME UNK

14. NAME OF HUSBAND OR WIFE -----

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
BILTON AUSTIN, AMARILLO, TEXAS

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary & general metastasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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
?

19a. DATE OF OPERATION 11 Mar 55

19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis.

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)
175-X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 3 Mar, 1955, to 22 Mar, 1955, that I last saw the deceased alive on 21 Mar, 1955, and that death occurred at 1:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____

23b. ADDRESS 701 1st Natl Bldg. Joplin Mo

23c. DATE SIGNED 24 Mar 55

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

24b. DATE 3-24-55

24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG 3-26-55

REGISTRAR'S SIGNATURE by Dolores Sampkins 138

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

County Health Office
County File Number 553220
Date Filed MAR 28 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.....

.....
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.