

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22640**

BIRTH NO.		REG. DIST. NO. <b>155</b>	PRIMARY REG. DIST. NO. <b>5579</b>	Registrar's No. <b>97</b>
1. PLACE OF DEATH a. COUNTY <b>Jasper Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mineral Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>2503 Jackson</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jasper Co. T. B. Hosp.</b>				
3. NAME OF DECEASED (Type or Print) <b>Ellen</b>		a. (First)	b. (Middle)	c. (Last) <b>Sunday</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>7 12 55</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>10-2-1888</b>	9. AGE (In years last birthday) <b>66</b>
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>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>EDWARD SUNDAY</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>JASPER CTY TB HOSP RECORDS, WEBB CITY, MO.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Less than one week</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes M.</b>		
		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) <b>002X</b>		
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 <b>July 17, 1955</b> , to <b>July 18, 1955</b> , that I last saw the deceased alive on <b>July 18, 1955</b> , and that death occurred at <b>2:00 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>George H. Hohl</b>		23b. ADDRESS <b>M. D. Jasper Co. T. B. Hosp.</b>	23c. DATE SIGNED <b>13 July 1955</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-14-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL CEM., JOPLIN, MISSOURI</b>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>7-14-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		ADDRESS

(Licensed Embalmers' Statement on Reverse Side)

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

County File Number  
Date Filed  
JUL 18 1933

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 *F. M. Jones*

License Embalmer No. *7319*

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.