

Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36355

STATE FILE NUMBER

FILED OCT 28 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 493

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN. <span style="float: right;">345</span> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1305 IOWA AVE.		Length of stay in 1b 25 YRS	d. STREET ADDRESS (If outside, give location) 1305 IOWA AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA GATES			4. DATE OF DEATH Month Day Year OCT. 12, 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH EB. 22, 1899
9. AGE (In years from birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) BROOKFIELD, MO.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	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 LOYES GATES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address LOYES GATES, 1305 IOWA AVE., JOPLIN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and Debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO: (b) <u>Carcinomatosis</u> DUE TO: (c) <u>Primary Carcinoma of Breast</u> 170X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21: I attended the deceased from <u>10/8/57</u> to <u>10/12/57</u> and last saw her <sup>her</sup> alive on <u>10/12/57</u> Death occurred at <u>7:00</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J.P. Morgan</i>		22b. ADDRESS 3014 Main Joplin Mo.	22c. DATE SIGNED 10/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-15-57	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,	23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-22-57	26. REGISTRAR'S SIGNATURE <i>Sovie Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

26  
0

RECEIVED OCT 25 1957

Jasper County Health Office

County File Number 872

Date Filed OCT 25 1957

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