

FILED DEC 11 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 572

S. 300-2
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSP.		Length of stay in lb 12 YRS	d. STREET ADDRESS 1307 WISCONSIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EUGENIA Middle HETTIE Last VANNEST			4. DATE OF DEATH Month DEC. Day 4, Year 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 OCT. 5, 1891		9. AGE (In years lost birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) WEIR CITY, Ks.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY QUESNOY		13b. MOTHER'S MAIDEN NAME MATILDA BLOOMCOCK		14. NAME OF HUSBAND OR WIFE NELSON T. VANNEST	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address NELSON T. VANNEST, 1307 WISCONSIN AVE.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute medullary failure					INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage					2 days
DUE TO (c) Rupture Charcot's artery of hemorrhage					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis, acute nephritis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <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 11-25-57 to 12-4-57 and last saw ^{her} him alive on 12-4-57 Death occurred at 10:24 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. E. Kilbane M.D.</i> (Degree or title) 2			22b. ADDRESS 521 West Fourth St. Joplin, Mo.		22c. DATE SIGNED 12-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-7-57	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEMETERY,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR TEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 12-7-1957		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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