

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1511

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, with RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, with RURAL and give township) <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1731 ANNABAXTER</b>	
3. NAME OF DECEASED a. (First) <b>CHARLES E</b> b. (Middle) <b>GABBY</b> c. (Last) <b>STREET.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 6 51</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>	8. DATE OF BIRTH <b>SEP 30 1882</b>
9. AGE (In years last birthday) <b>68</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BASE BALL</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PROFESSIONAL</b>	11. BIRTHPLACE (State or foreign country) <b>HUNTSVILLE ALABAMA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	13a. FATHER'S NAME <b>JOHN STREET</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Luanda C. Street</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW I</b>	16. SOCIAL SECURITY NO. <b>474-07-4714</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ms Luanda C Street</b> ADDRESS <b>1731 Annabaxter</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, asthma, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Pancreas</b> since <b>May 1949.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8</b> <b>1945.</b> <b>5 days</b> <b>157X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma lower lip - oct</b> DUE TO (c) <b>Hypostatic Pneumonia</b>		
19a. DATE OF OPERATION <b>May 1949</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Pancreas</b>		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)	
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>Oct 1945</b> , 19___, to <b>2/6/51</b> , 19___, that I last saw the deceased alive on <b>2-5-51</b> , 19___, and that death occurred at <b>5:55 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Walter Howard MD.</b> (Degree or title) <b>D</b>	23b. ADDRESS <b>Two Co Bldg. Joplin Mo</b>	23c. DATE SIGNED <b>2-7-51.</b>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEM. PK.</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>2-8-51</b>	REGISTRAR'S SIGNATURE <b>Ed J. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HURLBUT GLOVER MORT. MO.</b>	ADDRESS <b>JOPLIN</b>