

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN MO:
(c) Name of hospital or institution: 9th & Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 5 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LEE HOWARD CUTBURTH. 316

8. (b) If veteran, name war NO 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR. 14, 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 0 8 hr. min.

9. Birthplace NEOSHO MO:
(City, town, or county) (State or foreign country)

10. Usual occupation NITE WATCH

11. Industry or business D. MILLER MOTOR CO:

12. Name JOHN CUTBURTH:

13. Birthplace AURORA MO:
(City, town, or county) (State or foreign country)

14. Maiden name CLEMA PAYTON
(City, town, or county) (State or foreign country)

15. Birthplace MISSOURI:
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Cutbuth

(b) Address 530 ST. LOUIS AVE; JOPLIN MO

17. (a) GIBSON (b) Date thereof 3-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIBSON CEM

18. (a) Signature of funeral director HURLBUT UND. CO:

(b) Address JOPLIN MO

19. (a) 3-23-40 (b) Ed J. Jarnie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN MO:
(If outside city or town limits, write "RURAL")
(d) Street No. 530 ST. LOUIS AVE:
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. 22, 1940.
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on March 22 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide - Accident Duration _____

Due to Car running while closed building.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 178

Major findings: Of operations 178

Of autopsy Inquest

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 22 - 1940

(c) Where did injury occur? Joplin Jasper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Building on track car lot

While at work? Yes (Specify type of place) (e) Means of injury Carbon

23. Signature A. St. Winchester (M. D. or other) _____

Address Joplin Mo. Date signed 3-4-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 440-1064

Date Filed APR 10 1940

SEP 26 1947

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Terry K. Furber

Licensed Embalmer No. 959

P. O. Address Spencer, W. Va.

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, above space should be left blank.