

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

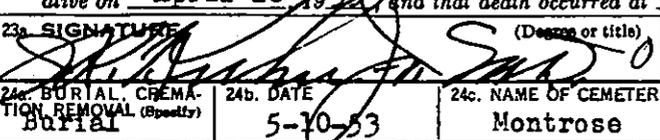
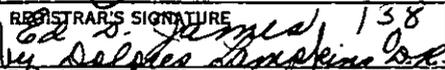
14686

State File No. 14686  
Registrar's No. 2226

FILED MAY 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>11 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1917 Wall</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived, If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>1917 Wall</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Robert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Dearinger</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 7 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 6, 1898</u>		
<b>9. AGE</b> (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Montrose, Missouri</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>James D. Dearinger</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mattie Odum</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW 11</u>			
<b>16. SOCIAL SECURITY NO.</b> <u>495-05-9731</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Lillian Dearinger, 1917 Wall</u>			
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Unknown</u>		
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerotic Heart Disease</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Due to Hypertention</u>  DUE TO (c) _____			<u>5 years</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			_____		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____			
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>21f. HOW DID INJURY OCCUR?</b> _____					
<b>22. I hereby certify that I attended the deceased from</b> <u>4/6/53</u> , 19 <u>46</u> , to <u>12/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 16 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Design or title) 		<b>23b. ADDRESS</b> <u>321 Frisco Bldg., Joplin, Mo.</u>			
<b>23c. DATE SIGNED</b> <u>5/8/53</u>		<b>23d. BIRTHPLACE</b> (State or foreign country) <u>Montrose, Missouri</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>5-10-53</u>			
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Montrose</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Montrose, Missouri</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>5-9-53</u>		<b>REGISTRAR'S SIGNATURE</b> 			
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u>		_____			

RECEIVED 5-12-53  
Jasper County Health Office

County File Number 53-5-111

Date Filed 5-12-53

MAY 8 1953

MAY 29 1953

MAY 9 1953

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

working under my personal supervision.

Student Embalmer No. ....

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