

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

State File No.

14709  
RECEIVED

FILED MAY 7 1953

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200	
1. PLACE OF DEATH a. COUNTY <b>JASPER.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>MISSOURI.</b> b. COUNTY <b>JASPER.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 hrs</b>	c. CITY (If outside corporate limits, write RURAL, and give township) <b>Joplin</b>		d. STREET ADDRESS (If rural, give location) <b>2526 MOFFET.</b>
3. NAME OF DECEASED (Type or Print) <b>ELOISE MARYMAN</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>4-26-53</b>			(Month)	(Day)	(Year)
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE.</b>	8. DATE OF BIRTH <b>12/28/1946</b>	9. AGE (in years last birthday) <b>6</b>	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours	IF UNDER 1 MIN. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Girl</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>COFFEYVILLE KANS.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>CLYDE C. MARYMAN</b>		13b. MOTHER'S MAIDEN NAME <b>LILLIAN M. FARLANO</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde C. Maryman (Father)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hyperpyrexia</b>	ANTECEDENT CAUSES				<b>6 hrs.</b>
DUE TO (b) <b>Pneumonia</b>	DUE TO (c) <b>measles</b>				<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>6 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	<b>0851</b>		
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>4-25, 1953</b> , to <b>4-26, 1953</b> , that I last saw the deceased alive on <b>4-26, 1953</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>John B. Sutphin</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>631 Enrico Bldg Joplin Mo.</b>		23c. DATE SIGNED <b>4-27-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin-Newton-Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-28-53</b>	REGISTRAR'S SIGNATURE <b>Edo James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WALTER BUN GLOVER</b>	ADDRESS <b>WALTER BUN GLOVER</b>		

(Licensed Embalmer's Statement on Reverse Side)

422 SAY.

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

495  
U

N. Sutphin

RECEIVED 5-6-53  
Jasper County Health Office

County File Number 53-5-376  
Date Filed 5-6-53

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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Dale Glover*

Licensed Embalmer No. 4593

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.