

STANDARD CERTIFICATE OF DEATH

41439

State File No.

FILED DEC 21 1954

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY JASPER b. CITY OR TOWN JOPLIN c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION 1106 HILL STREET

2. USUAL RESIDENCE a. STATE MISSOURI b. COUNTY JASPER c. CITY OR TOWN JOPLIN d. STREET ADDRESS 1106 HILL STREET

3. NAME OF DECEASED a. (First) THELMA b. (Middle) HARPER c. (Last) SMILEY 4. DATE OF DEATH DEC. 12, 1954

5. SEX F 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED 8. DATE OF BIRTH NOV. 22, 1907 9. AGE 47

10a. USUAL OCCUPATION HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE MT. OLIVE, ARKANSAS 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WALTER HARPER 13b. MOTHER'S MAIDEN NAME JENNIE WATKINS 14. NAME OF HUSBAND OR WIFE NEIL SMILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NEIL SMILEY, 1106 HILL ST., JOPLIN

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARY OCCLUSION II. OTHER SIGNIFICANT CONDITIONS GENERAL DEBILITY CERVICAL ACCIDENT

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE ACCIDENT 21b. PLACE OF INJURY HOME 21c. CITY, TOWN, OR TOWNSHIP JOPLIN COUNTY JASPER STATE MO.

21d. TIME OF INJURY 11-17-54 4PM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR EXTREME CERVICAL SUBLUXATION BY TWISTING, AGGRAVATED BY FALL.

22. I hereby certify that I attended the deceased from 11-17, 1954, to 12-11, 1954, that I last saw the deceased alive on 12-11, 1954, and that death occurred at 8:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE Richard P. Murray, D.C. 23b. ADDRESS 320 wall, Joplin, Mo. 23c. DATE SIGNED 12-13-54

24a. BURIAL, CREMATION, REMOVAL BURLIAL 24b. DATE 12-16-54 24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY 24d. LOCATION JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 12-16-54 REGISTRAR'S SIGNATURE Steve Parker 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

County File Number 54-12-1023
Date Filed DEC 20 1954

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 F. M. Jones

Signed.....
Student Embalmer

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.