

STANDARD CERTIFICATE OF DEATH

State File No. **8533**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN <u>0495</u>	
c. LENGTH OF STAY (in this place) YRS		d. STREET ADDRESS (If rural, give location) 329 N. BYERS AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 329 N. BYERS AVE.			

3. NAME OF DECEASED a. (First) CORA		b. (Middle) HOYT		c. (Last) CHRISTMAN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 9, 1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY 22, 1869	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 6 WKS. Hours Min.		11. BIRTHPLACE (State or foreign country) MANCHESTER, N. H. /	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ALPHONSO HOYT		13b. MOTHER'S MAIDEN NAME GEORGIA NELSON		14. NAME OF HUSBAND OR WIFE FRED W. CHRISTMAN, DECD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME F. NELSON CHRISTMAN, 424 N. BYERS AVE ADDRESS	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary degeneration of spinal		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis generalized with Hypertrophy.			
		DUE TO (c) Acute arterio-sclerotic changes in cerebral			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) no m.		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 June 18 37, to March 9 55, that I last saw the deceased alive on March 9, 1955, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS 2201 West P. Bldg		23c. DATE SIGNED 3/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-11-55		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	
				24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	

DATE REC'D BY LOCAL REG. 9-14-55		REGISTRAR'S SIGNATURE [Signature] 138		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

County Health Officer
County File Number
Date Filed
MAR 21 1955
55-3, 191

MAY 13 1957
JUN 7 1955

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 *Job Air 700*

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.