

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37199

State File No.

BIRTH NO. 36779-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 486

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)		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
b. CITY JOPLIN				c. CITY JOPLIN		d. STREET ADDRESS 2120 HARLEM AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2120 HARLEM AVENUE				d. STREET ADDRESS (If rural, give location) 2120 HARLEM AVENUE			
3. NAME OF DECEASED (Type or Print)		a. (First) ALICE		b. (Middle) FAYE		c. (Last) CUSICK	
4. DATE OF DEATH Nov. 19, 1955		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	
8. DATE OF BIRTH JUNE 25, 1955		9. AGE (In years last birthday) 4		10. MONTHS 4		11. DAYS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (State or foreign country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HIRAM CUSICK		13b. MOTHER'S MAIDEN NAME Ruby Mitchell		14. NAME OF HUSBAND OR WIFE INFANT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) INFANT		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME HIRAM CUSICK, 2120 HARLEM AVE.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		ANTECEDENT CAUSES				DUE TO (b) 493X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				DUE TO (c) Erythroblastosis Fetalis from birth	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				5 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 23, 1955</u> , to <u>11-19, 1955</u> , that I last saw the deceased alive on <u>11-2, 1955</u> , and that death occurred at <u>3:02</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Catherine Dick				23b. ADDRESS 410 Jackson, Joplin Mo		23c. DATE SIGNED 11-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-20-55		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY,		24d. LOCATION (City, town, or county) (State) SALEM, MISSOURI	
DATE REC'D BY LOCAL REG. 11-23-55		REGISTRAR'S SIGNATURE James H. ...		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

by File Number 55-11-801
Filed NOV 28 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 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 complete the above constitutes grounds for revocation of license.)

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