

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16794

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 245	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Okla. b. COUNTY Ottawa			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Fairland		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital				e. STREET ADDRESS (If rural, give location) Route 2 8350			
3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Mae c. (Last) Tompkins			4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Catale, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Ripetoe		13b. MOTHER'S MAIDEN NAME Rebecca Hall		14. NAME OF HUSBAND OR WIFE H. C. Tompkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. C. Tompkins Rt. 2, Fairland, Okla.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute respiratory failure ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Hypostatic pneumonia General debility DUE TO (c) Old fractured hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH immediate unknown 1 year	
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)			
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? 35			
22. I hereby certify that I attended the deceased from A.M. 5/28/56, to P.M. 5/28/56, that I last saw the deceased alive on 5-28-56, and that death occurred at 7:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. C. Tompkins				23b. ADDRESS \$21 W. 4th., Joplin, Mo.		23c. DATE SIGNED 6-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-30-56	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Ottawa County, Oklahoma		
DATE REC'D BY LOCAL REG. 6-4-56		REGISTRAR'S SIGNATURE Novie Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon, Joplin, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

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

One File JUN 12 1956

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
Signature of Student Embalmer

Signed *William E. Huddleston*

Licensed Embalmer No. *47*

P. O. Address *Joplin,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.