

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **27347**

FILED AUG 21 1956

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. **345**

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, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS 902 Picher (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 36 Yrs.			

3. NAME OF DECEASED (Type or print) James Arthur La Near <i>First Middle Last</i>			4. DATE OF DEATH July 25, 1956 <i>Month Day Year</i>		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Neosho, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Amos La Near			14. MOTHER'S MAIDEN NAME Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No <i>(If yrs. give war or dates of service)</i>		16. SOCIAL SECURITY NO. 491-01-6495	17. INFORMANT Mrs. Elsie La Near <i>Address</i> 902 Picher Ave. Joplin, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 4 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiomegaly with disease & arteriosclerosis	8 yrs
	DUE TO (c) HT Small Branch Block	3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **April, 1953** to **July 25, 1956** and last saw ~~him~~ **her** alive on **July 25, 1956**
Death occurred at **1:15 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Sign as title) M.D.	22b. ADDRESS 2125 Jackson Ave. Joplin, Mo.	22c. DATE SIGNED 7-26-56
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23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 7-27-56	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin, Mo.
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24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary ADDRESS Webb City, Missouri	25. DATE RECD. BY LOCAL REG. 8-14-56	26. REGISTRAR'S SIGNATURE Noelle Merriam
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE!
300-1-56
0
26-0

AUG 22 1956

OCT 2 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 Jack e Simpson

Licensed Embalmer No. 464

P. O. Address Webb Ct

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.