

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34466

State File No.

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13 DYS.</u>		STREET ADDRESS (If rural, give location) <u>2502 E. 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOPLIN GEN. HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>J.</u>	c. (Last) <u>MOUNTAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 7 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 26, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING ENG.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD & ZINC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>INDEPENDENCE, KAN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES J. MOUNTAIN</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH SPARKS</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA C. MOUNTAIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes SPAN-AMER</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELLA C. MOUNTAIN</u>	ADDRESS <u>JOPLIN</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u> <u>3 days</u> <u>unk.</u> <u>unk.</u>
	ANTECEDENT CAUSES <u>Due to (b) uremia</u> <u>Due to (c) advance arteriolar-nepro-sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>hypertrophied prostate</u>		

19a. DATE OF OPERATION <u>9-24-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>fecal concretion of ileum.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-24-56, 1956, to 10-7-56, 1956, that I last saw the deceased alive on 10-7-56, 1956, and that death occurred at 12:58 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>521 W. 4th Joplin, Missouri</u>	23c. DATE SIGNED <u>10-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-9-1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Joplin</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

526

APR 25 1957

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 Dale Gerson

Licensed Embalmer No. 459

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.