

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34540

FILED NOV 1 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 215

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 township) OR TOWN JOPLIN *Marion Tship*

c. LENGTH OF STAY (in this place) MONTH

c. CITY OR TOWN WEBB CITY

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 2, CARTHAGE

STREET ADDRESS (If rural, give location) 714 N. WEBB STREET *0490*

3. NAME OF DECEASED (Type or Print)
a. (First) FANNY b. (Middle) FLORENCE c. (Last) PROVINS

4. DATE OF DEATH (Month) (Day) (Year) OCT. 1, 1956

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MAY 5, 1884

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (City and State or Foreign Country) DIAMOND, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK BASTON

13b. MOTHER'S MAIDEN NAME MARY M. CASTLEBERRY

14. NAME OF HUSBAND OR WIFE DEC'D CHARLES A. PROVINS, 1952

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 ADDRESS MRS. KATIE ROYER, RT. 2, CARTHAGE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) 420.1
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis, Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25-, 1956, to 10-1-, 1956, that I last saw the deceased alive on 10-1-, 1956, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Frakes

23b. ADDRESS 20.0. 106 S. Main St. Webb City, Mo.

23c. DATE SIGNED 10-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-0-56

24c. NAME OF CEMETERY OR CREMATORY STONE POINT CEMETERY

24d. LOCATION (City, town, or county) (State) RT. 1, JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 10-17-56

REGISTRAR'S SIGNATURE Steve Elinton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

137-6

Asper
County Health Office
56-10-847
OCT 21 1956
Ohio Filed

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 *F. M. Jones*

Licensed Embalmer No. *231*

P. O. Address *Joplin, Mo.*

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.