

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41932

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>MINERAL TWSP.</b> TOWN		c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>HOSPITAL OR ELMHURST CONVAL INSTITUTION ESCENT HOME</b>		Length of stay in lb <b>1 Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>ALTA</b> Middle <b>ZA</b> Last <b>JAMES</b>		4. DATE OF DEATH <b>DEC. 20, 1956</b> Month Day Year	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 11, 1884</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. AGE (In years last birthday) <b>72</b>	
10a. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>MCALISTER, OKLA.</b>	
13. FATHER'S NAME <b>JOHN B. RILEY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		14. MOTHER'S MAIDEN NAME <b>ELIZABETH MCELVEY</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>DR. ED D. JAMES, 710 N. BYERS AVE.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arterio sclerosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
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 <input type="checkbox"/> Minute <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. s. 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 <b>1-25-56</b> to <b>12-20-56</b> and last saw her alive on <b>12-19-56</b> Death occurred at <b>12-20-56 1:25am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) <i>Ed D. James MD</i>		22b. ADDRESS <b>617 Frisco Bldg Joplin, Mo.</b>	
22c. DATE SIGNED <b>12-21-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-22-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY,</b>	23d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-24-56</b> 26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS  
JUN 22 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *2*

P. O. Address *Joplin*.....

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.