

FILED JUL 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 021537
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 309

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 1004 Walnut Ave			Length of stay in lb 9 Years		d. STREET ADDRESS (If outside, give location) 1004 Walnut St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA E. FRITTS				4. DATE OF DEATH Month Day Year 6-23-57			
5. SEX / Female	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 7-7-1919		9. AGE (In years last birthday) 38 37	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter			10b. KIND OF BUSINESS OR INDUSTRY Meat processing		11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. - A.
13a. FATHER'S NAME DeWitt Allen Jones			13b. MOTHER'S MAIDEN NAME Dorothy R. Hibbard		14. NAME OF HUSBAND OR WIFE Cecil F. Fritts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None		16. SOCIAL SECURITY NO. 431-22-3916		17. INFORMANT Address Cecil F. Fritts 905 East 3rd., 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) <u>BURNS FATAL DUE TO CONFLAGRATION</u> 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) <u>16</u>						INTERVAL BETWEEN ONSET AND DEATH <u>LESS THAN 15 MIN.</u>	
20a. ACCIDENT <input checked="" 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.) <u>HOUSE CAUGHT ON FIRE SUFFOCATED AND BURNED</u>				
20c. TIME OF INJURY Hour Month, Day, Year <u>5:30 pm 6-23-57</u>			TO DEATH		20f. CITY, TOWN, OR LOCATION <u>1/2 MI EAST OF JOPLIN LIMITS - JASPER - MO.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>122 COUNTY</u> STATE			
21. I attended the deceased from _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wesley M. Conroy, M.D., County Surgeon</u>				22b. ADDRESS <u>St. Paul, Mo.</u>		22c. DATE SIGNED <u>6-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-25-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Joplin, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6-28-1957</u>		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUL 8 1957

MAR 21 1958

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 Did not Embalm, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Cecil A. Shambell

Licensed Embalmer No. 3590
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.