

FILED AUG 13 1957

STANDARD CERTIFICATE OF DEATH

255050

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 372

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 417 E. 23rd St.			Length of stay in lb 7 Yrs.		d. STREET ADDRESS 417 E. 23rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Minnie B Pearce				4. DATE OF DEATH Month May Day 12 Year 1957				
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 July 10, 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Welder, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Doty				14. MOTHER'S MAIDEN NAME Mary A. Neal				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Jesse E. Pearce ^{417 E. 23rd St.} 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) myocarditis central Registry Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 1 Mo.	
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 _____ 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 5-7-57 to 5/12/57 and last saw her/him alive on 7/1/57 . Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) A. L. Crumpler, M.D.				22b. ADDRESS Joplin, Mo.		22c. DATE SIGNED 8/1/57		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE May 15, 57	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.		23d. LOCATION (City, town, or county) (State) Joplin, Mo.			
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 8-7-1957		26. REGISTRAR'S SIGNATURE Dore Merriam		

County Health Office
County File Number 57-8-681
Date Filed AUG 12 1957

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *Clayton M. Johnston*
Licensed Embalmer No. *43*
P. O. Address *Well City*

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.