Health, Welfare Public Service

300
1-57

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31969

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4087

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 4010 Montgall — Length of stay in Ib 20 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4010 Montgall — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ZELMA Middle MAY Last JOPLIN

4. DATE OF DEATH Month 8 Day 29 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Sept 4 1888

9. AGE (In years last birthday) 68 — 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 Domestic

11. BIRTHPLACE (City and state or country) Bentonville, Missouri

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

13a. FATHER'S NAME Felix L. Feaster

13b. MOTHER'S MAIDEN NAME Martha D. Cobb

14. NAME OF HUSBAND OR WIFE Emory E. Joplin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) X X X

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mr. Emory E. Joplin Address 4010 Montgall, K. C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abotemia and obstructive uropathy — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Endometrial carcinoma of uterus & metastases — 6 yrs.
DUE TO (c) 172X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 8-29-57, to 8-29-57 and last saw him alive on
Death occurred at 2 45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lawrence M. Fried M.D. (Degree or title)

22b. ADDRESS 4620 J.C. Nichols Pkway #515

22c. DATE SIGNED 8-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8 31 1957

23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

23d. LOCATION (City, town, or county) (State) Warsaw, Missouri

24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPELS INC. K.C. MO

25. DATE RECD. BY LOCAL REG. 9-1-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Lawrence M. Field

Secretary, Circulation must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 D. L. Nofsinger

Licensed Embalmer No. 3938

P. O. Address K. C. 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.