

STANDARD CERTIFICATE OF DEATH

32342

STATE FILE NUMBER

FILED SEP 26 1957.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 448

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|---|---|---|---|
| 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 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | Length of stay in 1b 8 YRS | d. STREET ADDRESS 612 E. 32ND ST. |
| 3. NAME OF DECEASED (Type or print) First Middle Last CECIL SYLVESTER ARCHER | | | 4. DATE OF DEATH SEPT. 13, 1957 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH NOV. 24, 1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY NEWMAN'S | 9. AGE (In years last birthday) 63 |
| 11. BIRTHPLACE (City and state or country) AFTON, OKLAHOMA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME GEORGE ARCHER | | 13b. MOTHER'S MAIDEN NAME MARY ABBOTT | 14. NAME OF HUSBAND OR WIFE ----- |
| 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. UNK | 17. INFORMANT Address MRS. DELIA REDMON, 612 E. 32ND ST. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute anterior myocardial infarction | | | INTERVAL BETWEEN ONSET AND DEATH 30 HOURS |
| 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) Advanced Pulmonary Embolism 4201 | | | 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>9/11/57</u> to <u>9/13/57</u> and last saw ^{him} alive on <u>9/13/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>G. A. Schulte</i> G. A. SCHULTE, M. D. | (Degree or title) 0 | 22b. ADDRESS 2125 Jackson, Joplin, Missouri | 22c. DATE SIGNED 9/17/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9-17-57 | 23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY, | 23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI |
| 24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 9-20-1957 | 26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Accuracy necessary wherever near cause only - standard nomenclature in item 18 - No symptoms will be listed. All diseases in Part I must be causally related.

OCT 10 1957

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. *2319*

P. O. Address *Joplin*

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.