

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40804
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 527

0490
S. 300
v. 1-57/1

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 type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt #3 # Miles W. on 7th		Length of stay in lb 30 Yrs	d. STREET ADDRESS (If outside, give location) Rt #3, 3 Miles W. on 7th Street		
3. NAME OF DECEASED (Type or print) First Middle Last BERT JEFFERSON MC:BRIDE			4. DATE OF DEATH Month Day Year 11-3-1957		
5. SEX Male	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 11-18-1887	9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Operator		10b. KIND OF BUSINESS OR INDUSTRY Motel	11. BIRTHPLACE (City and state or country) Arcadia, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas McBride		13b. MOTHER'S MAIDEN NAME Samantha Willey		14. NAME OF HUSBAND OR WIFE Essie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 500-09-0093	17. INFORMANT Address Essie McBride, Rt #3, Joplin, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis.					1 year, 1
DUE TO (c)					
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> 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 10/27/57 to 11/4/57 and last saw her alive on 10/28/57 Death occurred at 11:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. J. Smith, M.D.</i> (Degree or title)			22b. ADDRESS 420 Byers Ave., Joplin, Mo.		22c. DATE SIGNED 11/7/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-6-1957	23c. NAME OF CEMETERY OR CREMATORY Ritchey Cemetery		23d. LOCATION (City, town, or county) (State) Galena, Kansas	
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Mo	25. DATE RECD. BY LOCAL REG. 11-18-1957	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Reed H. Lewis*

Licensed Embalmer No. 3590

P. O. Address *Springfield*

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.