

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44789
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 611

S. 300
v. 1-57

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 3124 Grand Ave.,		Length of stay in lb 4 Yrs	d. STREET ADDRESS (If outside, give location) 3124 Grand Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARLEY Middle MACK Last NEEDHAM			4. DATE OF DEATH Month 12 -Day 12 -Year 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 6-13-1920	9. AGE (In years last birthday) 37	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) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Vickers, Inc		11. BIRTHPLACE (City and state or country) Wheaton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harley Needham, Sr		13b. MOTHER'S MAIDEN NAME Nota McQueen	
14. NAME OF HUSBAND OR WIFE Charlotte		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 2		16. SOCIAL SECURITY NO. 500-05-0927	
17. INFORMANT Charlotte Needham		Address 3124 Grand Ave, Joplin.		Missour	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Tachycardia & Fibrillation Rheumatic Heart Disease, with Aortic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stenosis and Regurgitation, decompensated Bundle Branch Block with numerous premature DUE TO (c) Ventricular Contractions-----					INTERVAL BETWEEN ONSET AND DEATH Immediate 12 Years 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a). Rheumatoid Arthritis of Spine					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 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 April 9, 1957 to Dec. 12, 1957 and last saw ^{her} him alive on Dec. 11, 1957 Death occurred at 6:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>William S. Burtch</i> M.D.			22b. ADDRESS 505 F.R.L. Bldg.		22c. DATE SIGNED 12-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-16-1957	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Pk Cem		23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary Joplin, Mo			25. DATE RECD. BY LOCAL REG. 12-18-1957		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.

RECEIVED 20020103

Jasper County Health Office

County File Number 57-12-1070

Date Filed 2-6-1957

DEC 8 1 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 *Robert Tomhill*
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.