

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011600  
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3770

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper 0495		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN ST. LOUIS, MISSOURI		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 BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 31 427 N. Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOWARD Middle W. Last FIRESTONE			4. DATE OF DEATH Month MARCH Day 31, Year 1958		
5. SEX Male 0	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 Aug. 31 1918	9. AGE (In years less (br/>thday) 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of firm	10b. KIND OF BUSINESS OR INDUSTRY Office Equipment	11. BIRTHPLACE (City and state or country) Bois D'Arc, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Felix Firestone		13b. MOTHER'S MAIDEN NAME Carrie Spencer		14. NAME OF HUSBAND OR WIFE Ruth Firestone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.2		16. SOCIAL SECURITY NO. 491-03-5160	17. INFORMANT Ruth Firestone Joplin Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEPHRITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DISSEMINATED LEPTIS ERYTHEMATOSUS DUE TO (c) 456x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS 4 YEARS
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.) 2			
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 MARCH 24, 1958 to MARCH 31, 1958 and last saw her alive on MARCH 31, 1958 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. P. Vermillion, M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 3/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 4 1958	23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		23d. LOCATION (City, town, or county) (State) Joplin Mo.	
24. FUNERAL DIRECTOR Arthur C. Bane St Charles Mo		25. DATE RECD. BY LOCAL REG. APR 3 '58	26. REGISTRAR'S SIGNATURE Jerald Smith Mo mfb.		

JUN 10 1958

APR 18 1958

APR 11 1958

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. 552 working under my personal supervision.

Student David C. Bane  
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles M

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.