

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025982
STATE FILE NUMBER

49961-57
FILED AUG 12 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Joplin</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Joplin 0495</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John's Hosp</i> Length of stay in 1b <i>3 Days</i>		d. STREET ADDRESS (If outside, give location) <i>1212 Joplin St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Susan</i> Middle <i>Lynn</i> Last <i>Meyers</i>			4. DATE OF DEATH Month <i>8</i> Day <i>3</i> Year <i>1958</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-1-1958</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Joplin, Mo</i>
13a. FATHER'S NAME <i>Betty Eugene Meyers</i>		13b. MOTHER'S MAIDEN NAME <i>Betty Nash</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war and date of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>none</i> INFORMANT <i>Betty Meyers</i> Address <i>1212 Joplin Joplin Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Prematurity</i>		
DUE TO (c) <i>Premature rupture of membranes</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>7615</i>		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 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Mrs. M. D.</i> (Degree or title)	22b. ADDRESS <i>Medical Arts Bldg - Joplin</i>	22c. DATE SIGNED <i>8/4/58</i>

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>burial</i>	23b. DATE <i>8-4-1958</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Fairview-Care</i>	23d. LOCATION (City, town, or county) <i>Joplin Mo</i>
24. FUNERAL DIRECTOR <i>Thornhill-Deaton</i> ADDRESS <i>Joplin Mo</i>	25. DATE RECD. BY LOCAL REG. <i>8-5-1958</i>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Rita Thornhill*

Licensed Embalmer No. *3590*

P. O. Address *1111 N. 1st St.*

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.