

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025992
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 350

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		c. CITY OR TOWN JOPLIN 04950	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOA FREEMAN HOSP.		d. STREET ADDRESS (If outside, give location) 211 E. 13TH ST.	
3. NAME OF DECEASED (Type or print) JOHN WILLIAM (BILL) TOWERS		4. DATE OF DEATH JULY 12, 1958	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 7, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN FIRE DEPT.	11. BIRTHPLACE (City and state or country) BALTIMORE, MD 1
13a. FATHER'S NAME ERNEST TOWERS		13b. MOTHER'S MAIDEN NAME ELZADE COFFMAN	14. NAME OF HUSBAND OR WIFE DORIS TOWERS
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 MOTHER- Address MRS. ELZADE ROBERTSON, 521 WALL STREET
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, acute			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary insufficiency + Arteriosclerotic heart disease - 2 years			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 Dec 7, 1957 to July 7, 1958 and last saw her alive on July 12, 1958 Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John R. Kessler M.D.		22b. ADDRESS Medical Arts Bldg Joplin, Mo	22c. DATE SIGNED 7/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-14-58	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEMETERY, JOPLIN, MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 7-17-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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1-57

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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 *F. M. Jones*

Licensed Embalmer No. *2319*

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.