

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029413
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 402

S. 300
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 04950
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1306 KENTUCKY AVE		Length of stay in lb 12 YRS	d. STREET ADDRESS (If outside, give location) 1306 KENTUCKY AVE
3. NAME OF DECEASED (Type or print) First Middle (HURST) Last FANNIE ISABELLE KELLER			4. DATE OF DEATH Month Day Year Approx. 8-14-58
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 8, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) KANSAS 1
13a. FATHER'S NAME WM. HARRISON HURST		13b. MOTHER'S MAIDEN NAME JULIA LEATHERMAN	14. NAME OF HUSBAND OR WIFE -----
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. 488-16-0560	17. INFORMANT STS- Address MRS. CHARLES DEMENT, IRWIN, 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) Cerebro-Vascular Accident (Cerebral Hemorrhage) Also had senile dementia due to arterio-sclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH Unknown
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.)	
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 alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Steve Parker</i> <i>Comm. Exp. Co. 3</i>		22b. ADDRESS Medical Arts Bldg. Joplin Mo.	22c. DATE SIGNED 8-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-19-58	23c. NAME OF CEMETERY OR CREMATORY MESSER CEMETERY,	23d. LOCATION (City, town, or county) (State) CHEROKEE COUNTY, KANSAS
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 8-22-1958	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

(Licensed Embalmer's Statement on Reverse Side)

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

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.