

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036802
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 485
OCT 27 1958

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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 0495		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA ST. JOHN'S HOSP		Length of stay in lb 65 YRS	d. STREET ADDRESS 512 W. 14TH ST.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ATHIE Middle Last JAMES			4. DATE OF DEATH OCTOBER 11, 1958 Month Day Year		
5. SEX M	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 APRIL 20, 1880	9. AGE (In years last birthday) 78	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) MAINTENANCE ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY JUNGE BAKING Co.	11. BIRTHPLACE (City and state or country) MENA, ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNK ---- JAMES		13b. MOTHER'S MAIDEN NAME SARAH SHARP		14. NAME OF HUSBAND OR WIFE BESSIE M. JAMES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNK	17. INFORMANT MRS. BESSIE M. JAMES, 512 W. 14TH ST. 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) Probably Coronary Artery Occlusion DUE TO (b) Sweden DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had been under No Physicain Care					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 Head on arrival Emergency Room St Johns on the 10/20/58 and last saw him alive on 10/20/58 and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Crawford MD (Degree or title)		22b. ADDRESS Joplin Mo		22c. DATE SIGNED 10/13/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-14-58	23c. NAME OF CEMETERY OR CREMATORY Mt. HOPE CEMETERY,		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,		ADDRESS JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-20-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

Doctor, coroner, etc., must use only standard manufacturers' instruments. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPE WRITE 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 *Jap. Line 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.