THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-001729
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Mo — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Freeman — Length of stay in 1b 5 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 825 Vermont — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Isabel Middle Mosher Last
4. DATE OF DEATH Month Jan Day 17 Year 59
5. SEX fe
6. COLOR OR RACE wh
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-30-1916
9. AGE (In years last birthday) 42 — 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) School teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Newton Co, Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Mark Purviance
14. MOTHER'S MAIDEN NAME Martha Beeman
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. None
17. INFORMANT Dan Mosher Address Joplin Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease, Inactive, Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 411X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 9, 1957, to January 17, 1959 and last saw her/him alive on January 17 '59
Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Rockefeller, Md
22b. ADDRESS 304 Medical Arts Bldg Joplin, Mo.
22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-19-59
23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
23d. LOCATION (City, town, or county) (State) Sarcoxie Mo

24. FUNERAL DIRECTOR Jackson & Sons ADDRESS Sarcoxie Mo
25. DATE RECD. BY LOCAL REG. 1-22-59
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify as a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm H Jackson

Licensed Embalmer No. 3

P. O. Address Sarcap

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.