

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
360

59-008188

STATE FILE NUMBER

33

FILED MAR 11 1959

Registration District No.

360

Primary Registration District No.

6225

Registrar's No.

300

1-57-2

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>State Hospital # 3</u>		Length of stay in 1b <u>10 weeks 5 days</u>	d. STREET ADDRESS (If outside, give location) <u>1619 Murphy</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DAISY</u> Middle <u>I.</u> Last <u>HILL</u>			4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/9/1881</u>	9. AGE (In years and birthday) <u>78</u>	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) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Proy, Kan.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Andrew Lees</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>State Hospital records</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u>	
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.) <u>none</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>			
20e. CITY, TOWN, OR LOCATION <u>Joplin</u>		20f. COUNTY <u>Mo.</u>		20g. STATE <u>Mo.</u>	
21. I attended the deceased from <u>7/11/58</u> to <u>2/26/59</u> and last saw her alive on <u>2/26/59</u> Death occurred at <u>2:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>George Esker, M.D.</u>		22b. ADDRESS <u>State Hospital # 3</u>		22c. DATE SIGNED <u>2/26/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2/26/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cem.</u>	
23d. LOCATION (City, town, or county) <u>Joplin</u>		23e. STATE <u>Mo.</u>		23f. COUNTY <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Parker Mortuary, Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Anna J. Perry</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 30 1959

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 *Jack Barber*

Licensed Embalmer No. *4938*

P. O. Address *Joplin*

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.