

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014238

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 5835 Primary Registration District No. 2001 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RURAL Shoal Twp. Creek		c. CITY OR TOWN RURAL Shoal Twp. Creek	
c. FULL NAME OF (If NOT in hospital, give location) ROUTE 2, JOPLIN		d. STREET ADDRESS (If outside, give location) ROUTE 2, JOPLIN	
3. NAME OF DECEASED (Type or print) First NELLIE Middle PEARL Last NAPIER		4. DATE OF DEATH APRIL 25, 1959	
5. SEX F	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 MAY 13, 1884
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) KEOSAUQUA, IOWA
13a. FATHER'S NAME WILLIAM MALONE		13b. MOTHER'S MAIDEN NAME STELLA RUBY	14. NAME OF HUSBAND OR WIFE FRANK NAPIER
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 Address FRANK NAPIER, ROUTE 2, JOPLIN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH
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)			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 WORK <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 March 20, 1959 to April 25, 1959 and last saw her alive on April 24, 1959 Death occurred at 3:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) John W. Douglas M.D.		22b. ADDRESS 210 West 32nd Joplin MO	22c. DATE SIGNED 4/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-29-59	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 4-29-59	26. REGISTRAR'S SIGNATURE Dorco Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.