

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025619

FILED VS AUG 11 1959

Registration District No. 36 Primary Registration District No. 2006 Registrar's No. 374

STATE FILE NUMBER

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		Length of stay in 1b 10 YRS		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2520 W. 4TH ST.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BERTHA Middle BLANCHE Last JOHNSON				4. DATE OF DEATH Month JULY Day 24 Year 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 11-10-1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
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) ELK POINT, S. D.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN MARPLE			13b. MOTHER'S MAIDEN NAME -----			14. NAME OF HUSBAND OR WIFE JOHN O. JOHNSON	
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.		17. INFORMANT Address JOHN O. JOHNSON, 2520 W. 4TH ST.		
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>Reticulum cell sarcoma of the right lower extremity, with metastasis to the peritoneal cavity.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 <u>2-26-59</u> to <u>July 24, 1959</u> and last saw her <u>alive</u> on <u>July 23, 1959</u> Death occurred at <u>3:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>B. E. Detan, Jr. M.D.</i>				22b. ADDRESS 410 Jackson, Joplin, Mo.		22c. DATE SIGNED 8-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-27-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 8-3-1959		26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>		

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REC'D T. A. 1959

FEB 25 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ 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 conform 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.