

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025620

FILED VS JUL 21 1959 56

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 338

STATE FILE-NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>5 Years</u>	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) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3540 Oak Ridge Drive</u>		
3. NAME OF DECEASED (Type or print) First <u>Tyler</u> Middle <u>Linden</u> Last <u>Kneeland</u>			4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr 23 1898</u>	9. AGE (last birthday) <u>61</u>	
IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Diamond, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	13a. FATHER'S NAME <u>Tyler Kneeland</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Grubb</u>		13c. NAME OF HUSBAND OR WIFE <u>Kate Kneeland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>WWI</u>		17. INFORMANT <u>Mrs. Kate Kneeland Joplin Mo.</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>Coronary Occlusion with Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>June 20, 1959</u>	
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>Joplin,</u>		COUNTY <u>Jasper,</u> STATE <u>Missouri</u>		
21. I attended the deceased from <u>July 10, 1959</u> to <u>July 10, 1959</u> her last saw him alive on <u>July 10, 1959</u> Death occurred at <u>1:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Deponent or Title)			22b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		22c. DATE SIGNED <u>7-14-59</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jul 13 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri.</u>		
24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary Joplin</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-1959</u>	26. REGISTRAR'S SIGNATURE <u>Noel Merriam.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

888 2 8 708

MAR 2 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 Dale Gess

Licensed Embalmer No. 457

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.