DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

D VS AUG 1 9 1959

59–029478

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 385

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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 Ib 18 YRS	c. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1503 MAIN ST. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1503 MAIN ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NICK	Middle	Last BOURAS		4. DATE OF DEATH Month AUGUST	Day 3,	Year 1959	
5. SEX M	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH ?	9. AGE (last birthday) 67	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) SHOE REPAIR OWN		10b. KIND OF BUSINESS OR INDUSTRY SHOE REPAIR SHOP	11. BIRTHPLACE (City and state or country) CORNITH, GREECE		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNK	17. INFORMANT COUSIN– Address CONSTANTINE A. BALAFAS, WICHITA, Ks.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute heart failure.	Sudden.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic heart disease due to coronary insufficiency	Aprox 1 yr.
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. ☐ Yes ☐ No ☐ Unknown

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 June 26, 1959, to August 1, 1959 and last saw her/him alive on August 1, 1959

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lloyd H. McPherson M.D. (Title) — 22b. ADDRESS 607 Frisco Bldg., Joplin, Mo. — 22c. DATE SIGNED Aug. 9–'59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 23b. DATE 8-6-59 — 23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK — 23d. LOCATION (City, town, or county) JOPLIN, (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. — 25. DATE RECD. BY LOCAL REG. 8-12-1959 — 26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

FEB 7 1951

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin M

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