

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029496

FILED VS AUG 25 1959

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. 394

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b	c. CITY OR TOWN SENECA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1416 E. 7th STREET		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RED # 2 SENECA
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
JANE IMBODEN			AUG.	17
			Year	
			1959	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/29/1932	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress	10b. KIND OF BUSINESS OR INDUSTRY Food	11. BIRTHPLACE (City and state or country) NEBSHO, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME JOHN LAMARR	13b. MOTHER'S MAIDEN NAME LEOLA BUTLER	14. NAME OF HUSBAND OR WIFE LESLIE IMBODEN
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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 Mrs. Charles Flaherty, Joplin	Address
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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) GUN SHOT WOUNDS CHEST AND HEAD		ALMOST INSTANTANEOUS
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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHOT BY ESTRANGED HUSBAND WHO WALKED INTO BAR WHERE SHE WAS WORKING EMPLOYED 38 CAL PISTOL INTO AND TOWARD HER BODY - THEN SHOT HIMSELF
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20c. TIME OF INJURY Hour 9:30 a.m. 8-17-59	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) FRANS BARLAST 7th ST JOPLIN	20f. CITY, TOWN, OR LOCATION JOPLIN -	COUNTY JASPER	STATE MO
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21. I attended the deceased from **DID NOT** to **ATTEND** and last saw her alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED 8/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 14 1959	23c. NAME OF CEMETERY OR CREMATORY KENNEY CEMETERY	23d. LOCATION (City, town, or county) (State) NEWTON Co. MO
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24. FUNERAL DIRECTOR <i>[Signature]</i>	ADDRESS <i>[Address]</i>	25. DATE RECD. BY LOCAL REG. Aug. 19-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 1 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 Geo

Licensed Embalmer No. 458

P. O. Address Joplin

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