

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029497

FILED VS AUG 25 1959 156

Registration District No. 2001 Registrar's No. 395

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE NEW MEXICO b. COUNTY UNKNOWN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b	c. CITY OR TOWN SILVER CITY
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) UNKNOWN
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last LESLIE ELDON IMBODEN			4. DATE OF DEATH Month Day Year AUG 17 1959			
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5. SEX MALE	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 11/14/1934	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION	11. BIRTHPLACE (City and state or country) GALLUP N.M.	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME ELDON IMBODEN	13b. MOTHER'S MAIDEN NAME ELLIE CROCKETT	14. NAME OF HUSBAND OR WIFE JANE 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) YES KOREAN	16. SOCIAL SECURITY NO. 525-80-0351	17. INFORMANT ELDON IMBODEN	Address SILVER CITY, N.M.
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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) GUNSHOT WOUND HEAD SELF INFLICTED 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 checked="" 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.) AFTER SLAYING ESTRANGED WIFE WITH SOCIAL SPEC.
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20c. TIME OF INJURY Hour 9:00 a.m. p.m. Month, Day, Year 8-19-59	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FRANS BAR. E 7TH ST	20f. CITY, TOWN, OR LOCATION JOPLIN	COUNTY MO.	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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21. I attended the deceased from DID NOT ATTEND and last saw him alive on _____	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Wendell H. Brown	(Degree or title) Township Assessor	22b. ADDRESS Med Arts Bldg Joplin	22c. DATE SIGNED 8/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 19 1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) SILVER CITY, N.M.
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24. FUNERAL DIRECTOR Hugh H. Glaze	ADDRESS Joplin	25. DATE RECD. BY LOCAL REG. Aug. 19, 1959	26. REGISTRAR'S SIGNATURE Dorice Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6557 I DES

NOV 10 1958

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 Gordon

Licensed Embalmer No. 45

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.