

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029519

FILED VS SEP 9 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 420

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN			Length of stay in 1b 50 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 HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2919 KENTUCKY AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLA Middle MABEL Last SMITH						4. DATE OF DEATH Month AUGUST Day 25 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 Nov. 13, 1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
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) VERNON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. L. SHEETS			13b. MOTHER'S MAIDEN NAME UNK			14. NAME OF HUSBAND OR WIFE LEE R. SMITH		
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 LEE R. SMITH, 2919 KENTUCKY AVE.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA, METASTATIC Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF COLON ? DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 4 YRS	
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 8-24-59 to 8-25-59 and last saw her alive on 8-25-59 Death occurred at 11:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deed to or title) <i>E. H. Hamilton M.D.</i>				22b. ADDRESS E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson		22c. DATE SIGNED 8-28-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-27-59	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,			23d. CITY, TOWN, OR COUNTY JOPLIN, MO.		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				25. DATE RECD. BY LOCAL REG. 9-3-1959		26. REGISTRAR'S SIGNATURE <i>Noel Merriam</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1959

SEP 16 1959

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 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.