RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032748

FILED VS OCT 6 1959/56

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 465

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b 8 YR.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 N. HARLEM
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 412 N. HARLEM
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CORA Middle PANELA Last BARRON
4. DATE OF DEATH Month SEPT Day 29 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9 JUNE 1894
9. AGE (last birthday) 65
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (City and state or country) AMSTERDAM, MO
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME DUDLEY P. HUGHES
13b. MOTHER'S MAIDEN NAME AZA SUMMERS
14. NAME OF HUSBAND OR WIFE WALTER BARRON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MRS. ERNEST RHYNERSON Address LACYGNE KAN.

DOCUMENT

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 MEDULLARY FAILURE	10 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Embolism	3 hrs.
DUE TO (c)	Thrombosis of SAPHENOUS Veins	2 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes, mild.

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

BY AFFIDAVIT OF

21. I attended the deceased from April 1959, to Sept 29 1959 and last saw her alive on Sept 27 1959
Death occurred at 1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.E. Kelbaugh M.D.
22b. ADDRESS Joplin Mo
22c. DATE SIGNED 9-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE OCT 2, 1959
23c. NAME OF CEMETERY OR CREMATORY E. MT. ZION
23d. LOCATION (City, town, or county) (State) LACYGNE KAN.
24. FUNERAL DIRECTOR HURLBUT-GLOVER, JOPLIN ADDRESS
25. DATE RECD. BY LOCAL REG. 10-1-1959
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4-58-

P. O. Address_____

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