

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-032758

STATE FILE NUMBER

FILED VS OCT 13 1959

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 473

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 910 1/2 West 7th		Length of stay in 1b 2 months	d. STREET ADDRESS 910 1/2 West 7th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle ELLIS Last DOUTHIT			4. DATE OF DEATH Month Sept. Day 27 Year 1959		
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 Aug. 13, 1905	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 0 Days 0
IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Dunlap, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Henry Douthit		13b. MOTHER'S MAIDEN NAME Savanah Mae Hatfield		14. NAME OF HUSBAND OR WIFE Christina Douthit	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 509-10-6055HA	17. INFORMANT Address Mrs. Christina Douthit Joplin, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Lung, right					one year
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) 170X		
20c. TIME OF INJURY Hour 3:30 a.m. 4. 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 July 30, 1959 , to Sept. 27, 1959 and last saw him alive on Sept. 23, 1959 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Wayne Douthit</i>		22b. ADDRESS M.D. 607 Frisco Bldg. Joplin, Mo.	22c. DATE SIGNED 10-5-1959		
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE Sept. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Lincolnvillle Cemetery	23d. LOCATION (City, town, or county) (State) Quanaw, Okla.		
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 10-7-1959	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert C. Ralfe*

Licensed Embalmer No. *5067*

P. O. Address *Florida, Fla.*

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.