

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032764

FILED VS OCT 6 1959 56

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001 Registrar's No. 446 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>NEWTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Length of stay in lb <b>6 Mo's</b>		c. CITY OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>4020 MAIN ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>GREENWOOD</b> Last <b>GREENWOOD</b>				4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>5</b> Year <b>1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-20-1918</b>	9. AGE (last birthday) <b>41</b>	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) <b>CLERK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SOUTHERN CORP.</b>		11. BIRTHPLACE (City and state or country) <b>BARTLESVILLE, OKLA.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>ZEM GREENWOOD</b>			13b. MOTHER'S MAIDEN NAME <b>ANN BIBLE</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE GREENWOOD</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT Address <b>MRS. MARIE GREENWOOD, 4020 MAIN ST.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Bilateral Pulmonary Edema approx. 50</b> DUE TO (b) <b>Extensive Blast injuries to chest, abdomen, hands, groin &amp; right thigh.</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							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>Met his death result of Blast at 126 Main St. to Cormiss Jury.</b>					
20c. TIME OF INJURY Hour <b>7:55</b> p.m. Month, Day, Year <b>9-3-59</b>	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.) <b>2ND FLOOR 126 MAIN ST</b>						
21. I attended the deceased from _____ to _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	20f. CITY, TOWN, OR LOCATION <b>Joplin</b> COUNTY <b>Jasper</b> STATE <b>Mo.</b>						
22a. SIGNATURE <b>Walter H. Borman</b> (Degree or title)				22b. ADDRESS <b>Med Art Bldg - Joplin Mo</b>		22c. DATE SIGNED <b>9-5-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>9-8-59</b>	23c. LOCATION (City, town, or county) (State) <b>ROSE HILL CEMETERY, TULSA, OKLAHOMA</b>					
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>9-22-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 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. 3319

P. O. Address Joplin

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