

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032806

FILED VS SEP 22 1959

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 136

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 b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Length of stay in lb SINCE 6-23-59	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 JANE CHINN HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1032 CONNOR AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PEARL Middle L. Last MISKIMINS			4. DATE OF DEATH Month SEPTEMBER Day 13 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1885	9. AGE (last birthday) 74	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 HOME		11. BIRTHPLACE (City and state or country) TUNAS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ULYSSES G. LAWSON		13b. MOTHER'S MAIDEN NAME BELLE SIMMONS		14. NAME OF HUSBAND OR WIFE SCOTT A. MISKIMINS, DEC'D 9-5-59 Address		
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 DAU- MRS. JOHN ALA, KANSAS CITY, 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) CHRONIC MYOCARDITIS DUE TO (b) HYPERTENSIVE DISEASE DUE TO (c) ATHERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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					INTERVAL BETWEEN ONSET AND DEATH 9 Mos. SEVERAL YRS. SEVERAL YRS.	
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 10-1-54 to 9-13-59 and last saw her alive on 9-13-59 . Death occurred at 3:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. B. Ferr. DO.		22b. ADDRESS 712 FLORIDA		22c. DATE SIGNED 9-15-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-19-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) JOPLIN, MISSOURI	(State)		
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-17-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1959

OCT 26 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

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.