

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036615

FILED VS. OCT 27 1959 / 56

Primary Registration District No. 2001 Registrar's No. 499

STATE FILE NUMBER

UNRECORDED

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 80 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 202 MAIDEN LANE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 202 MAIDEN LANE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSIE Middle MANDY Last MCCREARY				4. DATE OF DEATH Month OCTOBER Day 12 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 9-14-1874	9. AGE (last birthday) 85	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) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) GRANBY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN SUTTON			13b. MOTHER'S MAIDEN NAME SARAH BEAVER		14. NAME OF HUSBAND OR WIFE DEC'D CHARLES MCCREARY		
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 SON- CARL MCCREARY, 2411 N. OZARK AVE.		Address 1933	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>unknown</u>	
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 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 checked="" 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 <u>Aug 8 1919</u> to <u>Oct 12 1959</u> and last saw her alive on <u>Oct 11 1959</u> . Death occurred at _____ P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J.E. Silburne M.D.</u> (Degree or title)				22b. ADDRESS <u>408 West 4th St.</u>		22c. DATE SIGNED <u>10/19/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-17-59	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,		23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		(State)
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-21-1959		26. REGISTRAR'S SIGNATURE <u>Novel Meridian</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 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.