URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036625

STATE FILE NUMBER

FILED VS OCT 20 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 490

ENDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b 45 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 202 N. MAPLE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RHODA Middle SEX Last

4. DATE OF DEATH Month OCT Day 9 Year 1959

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 17 SEP 1893
9. AGE (last birthday) 66 — 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) CARTERVILLE, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JAMES RICKARD
13b. MOTHER'S MAIDEN NAME EUNICE SQUIRES
14. NAME OF HUSBAND OR WIFE EARL SEX

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.
17. INFORMANT Address

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 cardiac failure	45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute myocardial infarction	6 hours
DUE TO (c)	Coronary arteriosclerosis	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchopneumonia. Stroke. Hypertensive heart disease

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

21. I attended the deceased from Patient since 1948 Aug. 1959 (last illness), to 10-9-59 and last saw her/him alive on 10-9-59
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) [signature]
22b. ADDRESS 410 Jackson, Joplin, Mo.
22c. DATE SIGNED 10-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT 12, 1959
23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM PARK
23d. LOCATION (City, town, or county) JOPLIN (State) MO

24. FUNERAL DIRECTOR Hurlbert Glover ADDRESS Joplin
25. DATE RECD. BY LOCAL REG. 10-14-1959
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dale Gene

Signature of Student Embalmer

Licensed Embalmer No. 4583

P. O. Address Joplin,

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