

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036634

FILED VS OCT 27 1959 56

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 496

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 4 Months		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 General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1206 West 8th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ina Middle Belle Last WHITE				4. DATE OF DEATH Month October Day 17 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH March 15, 1878	9. AGE (last birthday) 81	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 Making		11. BIRTHPLACE (City and state or country) Hermitage, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Thomas M. Parsons			13b. MOTHER'S MAIDEN NAME Plecie A. Branham		14. NAME OF HUSBAND OR WIFE Henry W. (DECEASED)			
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 Address Murel White 1206 West 8th Joplin				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute medullary Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial infarct. 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) OBESITY, Arthritic Senility						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 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 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 Oct 12 1959 to Oct 17 1959 and last saw her alive on Oct 17 1959 Death occurred at 10:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J E Kehune M.D.				22b. ADDRESS 408 West 4th Joplin, Mo		22c. DATE SIGNED 10/17/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-59	23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		23d. LOCATION (City, town, or county) (State) Carterville, Missouri				
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mort Joplin, Mo.			25. DATE RECD. BY LOCAL REG. 10-20-59		26. REGISTRAR'S SIGNATURE Nooe Merriam			

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 _____

David Dillon

Licensed Embalmer No. 3898

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.