

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040630**

FILED VS. NOV 17 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 533

STATE FILE NUMBER

ENDED

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>JASPER</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Length of stay in 1b <b>UNKNOWN</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>730 KENTUCKY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>730 KENTUCKY</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN R. STOUT</b>				4. DATE OF DEATH Month Day Year <b>NOV 6 1959</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>UNKNOWN UNKNOWN</b>		
9. AGE (last birthday) <b>UNKNOWN UNKNOWN</b>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <b>UNKNOWN UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>			11. BIRTHPLACE (City and state or country) <b>UNKNOWN UNKNOWN</b>		
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>MRS. ALBERTA CUMMINGS Joplin</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>ASPHYXIATION DUE TO UNVENTED STOVE</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <b>APPARENTLY DEAD FOR 72 HRS - WHEN FOUND</b>						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 checked="" 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.) <b>HAD UNVENTED GAS STOVE IN ROOM WITH</b>				
20c. TIME OF INJURY Hour a.m. p.m. <b>UNKNOWN</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>JOPLIN</b>		COUNTY <b>JASPER</b>		STATE <b>MO</b>		
21. I attended the deceased from <b>DID NOT ATTEND</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Charles M. Tompkins</b>				22b. ADDRESS <b>Med Arts Bldg Joplin</b>			22c. DATE SIGNED <b>11-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10 NOV 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEM. WEBB CITY MO.</b>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <b>Hugh H. Brown, Joplin</b>				25. DATE RECD. BY LOCAL REG. <b>11-10-1959</b>		26. REGISTRAR'S SIGNATURE <b>Steve Merriam</b>		

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 Dale Glos

Licensed Embalmer No. 4593

P. O. Address Joplin

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.