URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040676

FILED VS DEC 1 1959

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 174

STATE FILE NUMBER

RENDED

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carterville
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 417 N. Fountain St.
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: Carterville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 417 N. Fountain St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Arthur Middle: B. Last: Mesplay
4. DATE OF DEATH: Month: November Day: 27 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-28-92
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: 0 Days: 29
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman & Grocery Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carterville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charley Mesplay
13b. MOTHER'S MAIDEN NAME: Dora Bland
14. NAME OF HUSBAND OR WIFE: Addie Mary Mesplay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Addie Mary Mesplay Address: 417 N. Fountain Carterville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronery Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): [illegible]
DUE TO (c): Arteriosclerotic Heart disease
INTERVAL BETWEEN ONSET AND DEATH: 3 hours
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. ☐ 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 1949, to November 27 and last saw her/him alive on November 27 1959
Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James V. Flaherty (Degree or title): M.D.
22b. ADDRESS: Carterville, Missouri
22c. DATE SIGNED: 11-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-1-59
23c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
23d. LOCATION (City, town, or county) (State): Carterville, Mo.

24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-28-59
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Swartzer

(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 Jack C. Simpson

Signature of Student Embalmer

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

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