

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 4 9 9

FILED VS DEC 30 1959

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 607

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2126 Empire</u>	

3. NAME OF DECEASED (Type or print) First <u>IRVIN</u> Middle <u>R.</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>December</u> Day <u>20</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1898</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>paint + glass</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Alfred Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Laurella Myers</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucinda Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Lucinda Smith</u>		Address <u>2126 Empire, Joplin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	

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>Bronchopneumonia.</u>		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) <u>1. Cardiac decompensation. 2. Hypertensive heart disease.</u>		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
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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 <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>	
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 <u>Joplin</u>
		COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from 12-12-59 to 12-20-59 and last saw him alive on 12-20-59
Death occurred at 11:20 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Steve Parker</u> (Degree or title)	22b. ADDRESS <u>2509 Jackson, Joplin, Mo.</u>	22c. DATE SIGNED <u>12-22-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-23-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u>	23d. LOCATION (City, town, or county) <u>Joplin</u>	(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY</u>	ADDRESS <u>Joplin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 25 1960

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.