

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 610

|  |  |   |  |   |   |   |   |   |  |
|--|--|---|--|---|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                   |   |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>   |  | Length of stay in 1b<br><b>47 yrs.</b>  |  | c. CITY OR TOWN <b>Joplin</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>809 Pennsylvania Ave.</b> |   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br><b>GERTIE SNOW</b>  |  |   |  | First Middle Last   |   | 4. DATE OF DEATH<br><b>December 16,</b>   |   |   |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>1-27-1894</b>  |   | 9. AGE (last birthday)<br><b>65</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>                                 |   | 11. BIRTHPLACE (City and state or country)<br><b>Cassville, Missouri</b>      |   | 12. CITIZENSHIP OF WHAT COUNTRY<br><b>USA</b> |   |  |
| 13a. FATHER'S NAME<br><b>Solomon Beck</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Finney</b>                                 |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Sidney Snow</b>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT<br><b>Pauline Griffith, 730 Ohio, Joplin, Mo.</b>               |   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic infarct - Ant. Sept. Arter.</b>  |  |   |  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>84 hrs.</b>                                    |  |
| 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)<br><b>Myocardial Infarction Oct 1959</b>   |  |   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |  |   |   |   |   |   |  |
| 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 <b>9-17-54</b> to <b>Dec 16-1959</b> and last saw her alive on <b>Dec 16-1959</b><br>Death occurred at <b>6:25 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>[Signature]</i>   |  |   |  | 22b. ADDRESS<br><b>2125 Jackson St Joplin Mo</b>  |   |   |   | 22c. DATE SIGNED<br><b>12-24-59</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>12-18-59</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Park Cemetery</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Joplin, Missouri</b>  |   | (State)   |  |
| 24. FUNERAL DIRECTOR<br><b>Thornhill-Dillon Mortuary, Joplin, Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-29-1959</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |   |   |  |

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_, *David Hillon*

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 do so 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.