

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 22 1959

'59 0 4 4 5 3 9

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>MISSOURI</b> ; b. COUNTY <b>JASPER</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MINERAL TWSP.</b>		Length of stay in 1b <b>2 WKS</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>ELMHURST</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>222 1/2 MAIN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES A. BOX</b>				4. DATE OF DEATH Month Day Year <b>DEC 14 1959</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>NOV. 1879</b>		9. AGE (last birthday) <b>80</b>		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) <b>GARAGE MAN</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>		11. BIRTHPLACE (City and state or country) <b>CASSVILLE, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>JIM BOX</b>				13b. MOTHER'S MAIDEN NAME <b>SARAH ELROD</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>no</b>				16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>VIRGIL BOX, NEDSHO, MO.</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>Hypo-static Pneumonia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>										<b>2 years</b>			
DUE TO (c) <b>Senile emphysema</b>										<b>6 months</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Silicosis</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 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 <b>1958</b> to <b>1959</b> and last saw <sup>her</sup> him alive on <b>12/8/59</b> Death occurred at <b>105 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree title) <b>R. S. Maloney, D.O.</b>				22b. ADDRESS <b>Joplin, Missouri</b>				22c. DATE SIGNED <b>12/17/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>17 DEC 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I. O. O. F. CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>NEOSHO MO.</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Hurlbut Isler, Joplin</b>				25. DATE RECD. BY LOCAL REG. <b>12-17-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 8

**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 Dale Stone

Licensed Embalmer No. 4593

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.