

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: MISSOURI COUNTY NEWTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b DOA	c. CITY OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 4, BOX 151, JOPLIN	
3. NAME OF DECEASED (Type or print) First JESSIE Middle GERALD (JERRY) Last ISLEY			4. DATE OF DEATH JANUARY 25, 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY SERVICE EQUIPMENT CO.		11. BIRTHPLACE (City and state or country) WEBB CITY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME VIRGINIA BRYSON		14. NAME OF HUSBAND OR WIFE NELLIE MALLETT ISLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 1930's		16. SOCIAL SECURITY NO. 496-03-3907	17. INFORMANT Address MRS. NELLIE ISLEY, RT. 4, JOPLIN		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CRUSHED CHEST DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
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.) AUTOMOBILE ACCIDENT			
20c. TIME OF INJURY Hour Month, Day, Year 3:45 a.m. JAN. 25, 1960					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) HIGHWAY 71, 4 MI. S. OF JOPLIN, NEWTON CTY, MISSOURI		20f. CITY, TOWN, OR LOCATION COUNTY STATE JOPLIN, NEWTON CTY, MISSOURI	
21. I attended the deceased from _____ 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) George Hixson, Sheriff Fred Lutens, D.S.			22b. ADDRESS COURT HOUSE, JOPLIN, MO.		22c. DATE SIGNED 1-30-60
23a. BURIAL, REMOVAL, SPECIFY BURIAL	23b. DATE 1-30-60	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 2-2-1960	26. REGISTRAR'S SIGNATURE Dove Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 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.