

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002146

FILED VS JAN 2 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 216 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. 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 SPURGEON Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BONNIE Middle MARIE Last STEVENS	4. DATE OF DEATH Month JANUARY Day 11 Year 1960
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1959	9. AGE (last birthday) IF UNDER 1 YEAR Months 6 Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) JOPLIN, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JIM STEVENS	13b. MOTHER'S MAIDEN NAME DORIS ENGLAND	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) INFANT	16. SOCIAL SECURITY NO. NONE	17. INFORMANT JIM STEVENS, SPURGEON, MO. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inf Tracheobronchitis Acute		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Upper Respiratory Infection	1 week
	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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from October 6, 59 to January 11, 60 and last saw her alive on October 26, 1959
Death occurred at January 11, 1960, 6A m, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul H. Grubb M.D. (Degree or title)	22b. ADDRESS Joplin, Mo.	22c. DATE SIGNED 1/14/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-13-60	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 1-16-1960	26. REGISTRAR'S SIGNATURE Dove Merriam
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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 Harvey E. Amos

Licensed Embalmer No. 4463

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.