

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 20 1960

-60-002152

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 40 YRS		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MADDOX REST HOME- 2302 PENN. AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 29TH & IRON GATES		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HARLEN Middle Last YORK				4. DATE OF DEATH Month JANUARY Day 11 Year 1960					
5. SEX M	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 1-27-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED -LABORER			10b. KIND OF BUSINESS OR INDUSTRY SMELTER		11. BIRTHPLACE (City and state or country) RICHEY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WM. BRANSFORD YORK			13b. MOTHER'S MAIDEN NAME LUCINDA MEADORS			14. NAME OF HUSBAND OR WIFE MARTHA YORK, DEC'D			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT DAU- MRS. MABEL F. MISENHELTER, GATES				Address 29TH & IRON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure							INTERVAL BETWEEN ONSET AND DEATH 12 Hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia							2 Months		
DUE TO (c) Arteriosclerosis							Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						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"/> None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None						
20c. TIME OF INJURY Hour a.m. p.m. None		Month, Day, Year None							
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.) None		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1-26-56 to 1-11-60 and last saw ^{him} alive on 1-11-60 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. G. Stephens, D.O.</i> (Degree or title)				22b. ADDRESS 211 West 20th St., Joplin, Missouri.			22c. DATE SIGNED 1-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-13-1960	23c. NAME OF CEMETERY OR CREMATORY NEWTONIA,			23d. LOCATION (City, town, or county) (State) N. OF NEWTONIA, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-1960		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</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 Lawrence E. Brown

Licensed Embalmer No. 4463

P. O. Address Jefferson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.