

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006843

FILED VS. FEB 16 1960 156

Registration District No. 2001 Registrar's No. 76

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 15 YRS.		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2317 KY.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2317 KY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First JOHN Middle _____ Last KELLEY				4. DATE OF DEATH APPROX Month 2 Day 6 Year 60											
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH MAY 22 1895		9. AGE (last birthday) 84		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) RAILROAD				10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION				11. BIRTHPLACE (City and state or country) MARCELINE, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME JOHN W. KELLEY				13b. MOTHER'S MAIDEN NAME ANN GARRETT				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or <u>no</u>) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. _____		17. INFORMANT MRS. VIOLA WIENSHIENK Address KANSAS CITY, KS.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION FATAL Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH Apparently instantaneous					
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							
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.) NONE											
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____				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.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from Did not attend found dead at home 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 M. D. Coroner of Jasper County Medical Arts Bldg, Joplin (Degree or title)						22b. ADDRESS _____				22c. DATE SIGNED 2-8-60					
23a. BURIAL (Cremation, REMOVAL, Specify) BURIAL		23b. DATE 8 FEB 1960		23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM.				23d. LOCATION (City, town, or county) JOPLIN, MO (State)							
24. FUNERAL DIRECTOR HURLBUT-GLOVER, JOPLIN ADDRESS _____						25. DATE RECD. BY LOCAL REG. 2-12-1960		26. REGISTRAR'S SIGNATURE Noelle Merriam							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 23 19

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 Givens

Licensed Embalmer No. 459

P. O. Address Joplin

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.