

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006897**

FILED VS FEB 29 1960 56

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001 Registrar's No. 97

STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Galena Township</u>          |  | Length of stay in 1b<br><u>30 Years</u>   | c. CITY OR TOWN <u>Joplin</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Joplin RFD # 3</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Joplin RFD # 3</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Elmer</u> Middle <u>E.</u> Last <u>Mann</u> | 4. DATE OF DEATH<br>Month <u>Feb</u> Day <u>19</u> Year <u>1960</u> |
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|                    |                               |   |                                     |                                  |  |  |
|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Apr 3, 1873</u> | 9. AGE (last birthday) <u>86</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Flour Miller</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Milling</u> | 11. BIRTHPLACE (City and state or country)<br><u>Williams, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>George N. Mann</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Winch</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Lovie May (Deceased)</u> |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>---</u> | 17. INFORMANT<br><u>M.E. Mann</u> Address <u>Joplin, RFD # 3</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia Hypostatic</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u> |
| DUE TO (b) <u>Coronary Heart Disease</u>  |  | <u>Senile</u>                                     |
| DUE TO (c) <u>Generalized Vascular Sclerosis</u>  |  | <u>Senile</u>                                     |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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| 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<br><u>Joplin</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u> |
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21. I attended the deceased from 1956 to 2/19/60 and last saw her/him alive on 11/19/59  
Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>E. O. Martin</u> | 22b. ADDRESS<br><u>707 Joplin St Joplin Mo</u> | 22c. DATE SIGNED<br><u>2/2/60</u> |
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|  |                                 |  |   |
|--|---------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>22 FEB 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ozark Memorial Park</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Joplin Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>Hurlbut-Glover Mortuary</u> ADDRESS <u>Joplin, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2-25-1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Dove Merriam</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1960

**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 Glover

Licensed Embalmer No. 4593

P. O. Address Joplin

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.