

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015848

FILED VS. APR 26 1960 156

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 196

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 6 HRS	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 1, CARL JUNCTION Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle RHETT Last GOULD			4. DATE OF DEATH Month APRIL Day 16 Year 1960		
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1957	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months _____ 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) CHILD	10b. KIND OF BUSINESS OR INDUSTRY CHILD	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 CHARLES R. GOULD	13b. MOTHER'S MAIDEN NAME RUBY CARLTON	14. NAME OF HUSBAND OR WIFE R. 1,
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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) CHILD	16. SOCIAL SECURITY NO. NONE	17. INFORMANT CHARLES R. GOULD, CARL JUNCTION, MO
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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) Ruptured Spleen		INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Trauma 6 hours	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 train collision
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20c. TIME OF INJURY 4:00 p.m. Hour 4 Month 4 Day 16 Year 60

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.) street	20f. CITY, TOWN, OR LOCATION Joplin COUNTY Jasper STATE Mo
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21. I attended the deceased from **4/16/60** to **4/16/60** and last saw her alive on **4/16/60**.
Death occurred at **10** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B F H Reddick, MD (Degree or title)	22b. ADDRESS Joplin Mo	22c. DATE SIGNED 4/20/60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-20-60	23c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION CEMETERY, CARL JUNCTION, MO.	23d. LOCATION (City, town, or county) CARL JUNCTION, MO.
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 4-22-1960	26. REGISTRAR'S SIGNATURE Dore 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 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.