

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019826

FILED VS JUN 7 1960

156

Primary Registration District No. 2001

Registrar's No. 282

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jasper</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Joplin</i>		Length of stay in 1b <i>2 yrs</i>	c. CITY OR TOWN <i>Joplin</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>438 N. Jackson</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>GOLDA</i> Middle <i>TINGLEY</i> Last <i>MILLER</i>			4. DATE OF DEATH Month <i>May</i> Day <i>29</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-20-1886</i>	9. AGE (last birthday) <i>73</i> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Public Schools</i>		11. BIRTHPLACE (City and state or country) <i>Unionville, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>William Tingley</i>			
13b. MOTHER'S MAIDEN NAME <i>Mary Kelley</i>		14. NAME OF HUSBAND OR WIFE <i>Albert Miller, Deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mrs. Mauree Loughhead - Tulsa, Okla.</i> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>PERITONITIS</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 DAYS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>MULTIPLE POST-OPERATIVE ADHESIONS WITH PARTIAL INTESTINAL OBSTRUCTION.</i>				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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <i>5:21 PM</i> Month, Day, Year <i>April 1960</i>					
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 <i>April 1960</i> to <i>May 29, 1960</i> and last saw her <i>alive</i> on <i>May 29, 1960</i> Death occurred at <i>5:21 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John W. Kaler M.D.</i> (Degree or title)			22b. ADDRESS <i>MED. ARTS BLDG., JOPLIN, MO.</i>		22c. DATE SIGNED <i>5-31-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>6-1-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MASONIC CEMETERY,</i>		23d. LOCATION (City, town, or county) (State) <i>TUCSON, ARIZONA</i>
24. FUNERAL DIRECTOR <i>Steve Parker Mortuary - Joplin, Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>6-1-1960</i>		26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 9 1960

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.