JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3256

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 1 day 1 hr 10 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Blue Springs — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Rt. 1 Box-287-1 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Steven Scott Joplin
4. DATE OF DEATH Month Day Year: 6 — 18 — 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-17-60
9. AGE (last birthday) — IF UNDER 1 YEAR: Months, Days 1 — IF UNDER 24 HR: Hours 1, Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Carroll Wayne Joplin
13b. MOTHER'S MAIDEN NAME: Marie Ann Martin
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Marie Martin Joplin — Address Rt. 1 Box-287-1 Blue Springs Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-17-60, to 6-18-60 and last saw him alive on 6-17-60
Death occurred at 7:15 A. 6-18-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James D. Dunleavy MD
22b. ADDRESS: 314 Wirthman Bldg KC Mo
22c. DATE SIGNED: 6-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-20-60
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs
23d. LOCATION (City, town, or county) (State): Blue Springs Mo
24. FUNERAL DIRECTOR: Mayfield — ADDRESS: Blue Springs Mo
25. DATE RECD. BY LOCAL REG.: 6-20-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

James D. Dunleavy

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 Charles E. Mayfie

Licensed Embalmer No. 46

P.O. Address Blue Sp

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