

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023567

FILED VS JUN 22 1960

156

Primary Registration District No. 2001

Registrar's No. 299

STATE FILE NUMBER

INDEXED

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 lb Lifetime		c. CITY OR TOWN Rural Joplin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. #4, Box 410			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MERTON Middle WILLIAM Last BRAND				4. DATE OF DEATH Month June Day 4, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-4-1915	9. AGE (last birthday) 44	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) Greenhouse operator		10b. KIND OF BUSINESS OR INDUSTRY Greenhouse		11. BIRTHPLACE (City and state or country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William A. Brand			13b. MOTHER'S MAIDEN NAME Julia Hagensicker			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Served 4 mos before WW#2			16. SOCIAL SECURITY NO. 491-01-0534	17. INFORMANT Mrs. Willard Black, R. 4, Joplin, 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) Acute Myocardial Failure							Acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							2 weeks	
DUE TO (b) Uremia							14 months.	
DUE TO (c) Lypus Erythematosis								
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 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 a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 April 13, 1959, to June 4, 1960 and last saw him alive on June 4th, 1960 Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Randy Merriam M.D.				22b. ADDRESS 607 Frisco Bldg, Joplin, Mo.		22c. DATE SIGNED 6-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cem.		23d. LOCATION (City, town, or county) Joplin, Missouri		(State)		
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 6-15-1960	26. REGISTRAR'S SIGNATURE Randy Merriam			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 22 NOV

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 David Dillon

Licensed Embalmer No. 3898

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.