

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023575

FILED VS JUL 12 1960 156

Primary Registration District No. 2001 Registrar's No. 336

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Casper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin, Missouri</b>			Length of stay in 1b		c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>414 North Cox</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>414 North Cox</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Floyd</b> Middle <b>Leon</b> Last <b>England</b>				4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 17 1934</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Moore Tile Plant</b>		11. BIRTHPLACE (City and state or country) <b>Jasper County</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Claude Jackson England</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Sours</b>		14. NAME OF HUSBAND OR WIFE <b>Tessie Irene England</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-38-5212</b>		17. INFORMANT <b>Lee England</b>		Address <b>415 McConnell Joplin, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation due to Larynx</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Almost instantaneous</b>
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)					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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Hanged himself in a garage at home</b>					
20c. TIME OF INJURY Hour <b>known</b> Month, Day, Year <b>7-3-60</b>		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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Joplin</b> COUNTY <b>Jasper</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>and not attend.</b> and last saw her <b>him</b> alive on _____ -Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Wadeben McConry Jasper County</b>				22b. ADDRESS <b>Med Arts Bldg Joplin Mo</b>		22c. DATE SIGNED <b>7-7-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 8, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		
24. FUNERAL DIRECTOR <b>Hurlbut Glover Mortuary Joplin, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>7-8-1960</b>		26. REGISTRAR'S SIGNATURE <b>Novie Merriam</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

MS  
APR 1 1968

**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 myself \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clayton M. Johnson

Licensed Embalmer No. 4304

P. O. Address Webb

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