URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-023584
STATE FILE NUMBER

iled VS. June 22, 1960

ENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 303

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Sarcoxie — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Grace — Middle A. — Last Mael
4. DATE OF DEATH: Month June — Day 11 — Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-9-97
9. AGE (last birthday): 63 — 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): Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stotts City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William E. Landers
13b. MOTHER'S MAIDEN NAME: Minnie A. Crook
14. NAME OF HUSBAND OR WIFE: Robert L. Mael
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.: 492-20-5799
17. INFORMANT: Wilma Whisner — Address: Sarcoxie, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Mesenteric Thrombosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 June 10, 1960, to June 11, 1960 and last saw her/him alive on June 11, 1960
Death occurred at 2:20 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A Yeoham Do
22b. ADDRESS: Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED: 6-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-14-60
23c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cemetary
23d. LOCATION (City, town, or county) (State): Sarcoxie, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Jackson & Son, Sarcoxie, Mo.
25. DATE RECD. BY LOCAL REG.: 6-15-60
26. REGISTRAR'S SIGNATURE: Hunsardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS SEP 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm K. Jackson

Signature of Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Sarcapt

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