URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-031000
STATE FILE NUMBER

FILED VS AUG 16 1960

ENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b ALWAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1201 CONNOR AVE. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes X No ☐
d. STREET ADDRESS 1201 CONNOR AVE. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First EDGAR Middle W. Last FIREY
4. DATE OF DEATH Month AUGUST Day 8, Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH 10-5-1906
9. AGE (last birthday) 53 — 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) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE
11. BIRTHPLACE (City and state or country) JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LINCOLN EDWARD FIREY
13b. MOTHER'S MAIDEN NAME IOWA DIXON
14. NAME OF HUSBAND OR WIFE -------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 491-01-0575
17. INFORMANT A. VANVALKENBURG, Address RT. 3, JOPLIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION FATAL — INTERVAL BETWEEN ONSET AND DEATH LESS THAN 5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE
(RECORDS OF U.S. VET. ADMN)
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 DID NOT ATTEND FOUND DEAD AT HOME and last saw him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD Coroner Jasper County
22b. ADDRESS Med Arts Bldg Joplin Mo
22c. DATE SIGNED 8-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-11-60
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY,
23d. LOCATION (City, town, or county) JOPLIN, (State) MISSOURI

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 8-12-1960
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

SEP 16 1980

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 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 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.