

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031015

FILED VS SEP 13 1960

156

Registration District No. _____ Primary Registration District No. *2001*

Registrar's No. *444*

STATE FILE NUMBER

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 1b Life		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 722 No. Byers			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) RENEE KASSAB				4. DATE OF DEATH Month September Day 6 Year 1960			
5. SEX Female	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 11-9-55	9. AGE (last birthday) 4	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) Child			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Leon R. Kassab			13b. MOTHER'S MAIDEN NAME Dee Bove		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) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Address Leon R. Kassab, 722 N. Byers, Mo. Joplin			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Neuroblastoma & multiple metastases</i>						INTERVAL BETWEEN ONSET AND DEATH <i>15 mo.</i>	
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 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 <i>June 1959</i> to <i>Sept 1960</i> and last saw her ^{her} _{him} alive on <i>Sept 6th 1960</i> Death occurred at <i>10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Juliette M Elser M.D.</i>				22b. ADDRESS <i>2002 Jackson</i>		22c. DATE SIGNED <i>9-6-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-7-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Webb City, Mo.		(State)	
24. FUNERAL DIRECTOR Steve Parker Mortuary, Joplin, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 9-7-1960	26. REGISTRAR'S SIGNATURE <i>Novie Merriam</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

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.