

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS SEP 28 1960

-60-035262

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 453 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>815 Maiden Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>ROY</u> Last <u>SCALPH</u>			4. DATE OF DEATH Month <u>September</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fruit Produce Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Produce</u>		11. BIRTHPLACE (City and state or country) <u>York, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Alfred Scalph</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Manda Lorenda Scalph</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>J. E. Scalph, 815 Maiden Lane, Joplin, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1- Pneumonia, right upper lobe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
DUE TO (b) <u>Tuberculosis, right & left upper lobes</u>		<u>?</u>
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 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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>			

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 <u>Joplin</u>	COUNTY <u>Joplin</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>9-11-60</u> to <u>9-15-60</u> and last saw <u>her</u> alive on <u>9-15-60</u> Death occurred at <u>1:00 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>E. H. Hamilton</i> (Degree or title)		22b. ADDRESS <u>E. H. HAMILTON, M. D.</u> <u>ROOM 302 MEDICAL ARTS BLDG.</u>	22c. DATE SIGNED <u>9/17/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-17-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Cemetery</u> <u>Joplin, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-1960</u>	26. REGISTRAR'S SIGNATURE <i>Loori 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
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
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.