

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 4 1960 156

-60-035267
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 463

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 lb <u>43</u> Years	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>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>224 North Porter</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Edith</u> Last <u>Stevens</u>			4. DATE OF DEATH Month <u>September</u> Day <u>25</u> Year <u>1960</u>	
--	--	--	---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 1 1907</u>	9. AGE (last birthday) <u>52</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Sunset, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
---	--	---	---

13a. FATHER'S NAME <u>Jesse Tando</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Blankenship</u>	14. NAME OF HUSBAND OR WIFE <u>Fred E. Stevens</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. _____	17. INFORMANT <u>Mrs. Earl Stevens, Joplin, Missouri</u>	Address _____
---	----------------------------------	---	------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Bilateral pneumonitis</u>	<u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Melanoma - diffuse</u>	<u>18 months</u>
	DUE TO (c) <u>metastasis</u>	

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 _____ 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 <u>May 19 - 59</u> to <u>Sept 25 - 60</u> and last saw her alive on <u>Sept 25 - 60</u> Death occurred at <u>7:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) <u>Lewis H. Ferguson M.D.</u>	22b. ADDRESS <u>201 Medical Arts, Joplin Mo</u>	22c. DATE SIGNED <u>9-26-60</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 28 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>	(State) <u>Missouri</u>
--	----------------------------------	--	--	----------------------------

24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary Jorlin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-28-1960</u>	26. REGISTRAR'S SIGNATURE <u>Stoeb Merriam</u>
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale G. [Signature]

Licensed Embalmer No. 4593

P. O. Address Joplin, Missouri

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.