URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038734

FILED VS NOV 14 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 537 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b: 82 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2114 JACKSON AVE. — 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 JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2114 JACKSON AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARY Middle: IRENE Last: HENNESSY

4. DATE OF DEATH Month: NOVEMBER Day: 8 Year: 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-25-1872
9. AGE (last birthday): 88 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): INDEPENDENCE, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES BURKE
13b. MOTHER'S MAIDEN NAME: ANNA HOUSE
14. NAME OF HUSBAND OR WIFE: PATRICK HENNESSY, DEC'D 1924

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT: JOHN J. HENNESSY, Address: 2114 JACKSON AVE.

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) Chronic Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
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 May 31st, 1953, to Nov. 8, 1960 and last saw her alive on Nov. 8, 1960
Death occurred at 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS 607 Frisco Building, Joplin, Mo.
22c. DATE SIGNED 11-10-60

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

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 11-11-1960
26. REGISTRAR'S SIGNATURE Dorre Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Harvey E Arnce

Licensed Embalmer No. 4463

P. O. Address Joplin Mo.

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