

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046547

FILED VS DEC 23 1960 / 56

Primary Registration District No. 2001 Registrar's No. 609

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 60 yrs		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 2829 N. Range Line			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2829 N. Range Line		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BARNEY Middle FRANCIS Last COLE				4. DATE OF DEATH December 12, 1960 Month Day Year				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-1-1895	9. AGE (last birthday) 65	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) Retired-employee Joplin Printing Company			10b. KIND OF BUSINESS OR INDUSTRY Joplin Printing Company		11. BIRTHPLACE (City and state or country) Carbondale, Ill.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Cole			13b. MOTHER'S MAIDEN NAME Mary E. Greathouse			14. NAME OF HUSBAND OR WIFE Katherine Cole		
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. Unk		17. INFORMANT Mrs. Katherine Cole, 2829 N. Range Line Address				
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>Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>unknown</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"/> N. <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 Month, Day, Year a.m. p.m.								
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>10-17-60</u> to <u>11-15-60</u> and last saw her him alive on <u>11-15-60</u> Death occurred at <u>S. A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Wm. Wells-Price DO.</u> (Degree or title)				22b. ADDRESS <u>Webb City, Mo.</u>		22c. DATE SIGNED <u>12-13-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Saginaw</u>		23d. LOCATION (City, town, or county) <u>Saginaw, Missouri</u> (State)				
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>12-16-60</u>		26. REGISTRAR'S SIGNATURE <u>Nooe Merriam</u>			

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 Harvey E. Brown

Licensed Embalmer No. 4463

P. O. Address Johnston, N.H.

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.