

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-60-046562  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY: <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>Joplin</b>		Length of stay-in-1b Yrs: <b>Yrs</b>	c. CITY OR TOWN: <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>St. John's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): <b>1108 Willard Ave.</b>		
3. NAME OF DECEASED (Type or print) First: <b>SYBIL</b> Middle: <b>PAULINE</b> Last: <b>IRISH</b>			4. DATE OF DEATH Month: <b>December</b> Day: <b>31</b> Year: <b>1960</b>			
5. SEX: <b>F</b>	6. COLOR OR RACE: <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH: <b>2-5-1903</b>	9. AGE (last birthday): <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>	11. BIRTHPLACE (City and state or country): <b>Erie, Kansas</b>		12. CITIZEN OF WHAT COUNTRY: <b>USA</b>	
13a. FATHER'S NAME: <b>Millard P. Puckett</b>		13b. MOTHER'S MAIDEN NAME: <b>Mandy Jane Gardner</b>		14. NAME OF HUSBAND OR WIFE: <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): <b>No</b>		16. SOCIAL SECURITY NO.: <b>Unk</b>	17. INFORMANT: <b>Dau-</b> Address: <b>Mrs. Goldie Lanning, 1108 Willard Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrest Acute</b>					INTERVAL BETWEEN ONSET AND DEATH: <b>Acute</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Auricular Fibrillation</b>					<b>5 years</b>	
DUE TO (c) <b>Myocardial Disease Thyrotoxicosis</b>					<b>10 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <b>Fracture Intertrochanteric left Hip</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.): <b>Suffered fall at home</b>				
20c. TIME OF INJURY: Hour: <b>8:25</b> -m. p.m. Month, Day, Year: <b>12-19-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): <b>Residence</b>	20f. CITY, TOWN, OR LOCATION: <b>Joplin</b>	COUNTY: <b>Jasper</b>	STATE: <b>Mo.</b>	
21. I attended the deceased from <b>January 1960</b> to <b>Dec 31, 1960</b> and last saw her alive on <b>Dec 31, 1960</b> Death occurred at <b>6 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE: <b>Paul H. Grubb M.D.</b> (Degree or title)			22b. ADDRESS: <b>Joplin, Mo</b>		22c. DATE SIGNED: <b>1/3/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>	23b. DATE: <b>1-4-60</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>Mount Hope Cemetery,</b>		23d. LOCATION (City, town, or county) (State): <b>WEBB CITY, MISSOURI</b>		
24. FUNERAL DIRECTOR ADDRESS: <b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>		25. DATE RECD. BY LOCAL REG.: <b>1-6-1961</b>	26. REGISTRAR'S SIGNATURE: <b>Dove Merriam</b>			

BY AFFIDAVIT OF Attending physician MEDICAL CERTIFICATION 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 F. M. Jones

Licensed Embalmer No. 1319

P. O. Address Joplin Mo

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.