

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-003259

JAN 16 1961 AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>7 days.</u>		c. CITY OR TOWN <u>Bonne Terre,</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>Incarinate Word Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Bonne Terre,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Molley Belle Joplin</u>				4. DATE OF DEATH Month Day Year <u>January 1, 1961</u>					
5. SEX <u>Female</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>9/9/1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days <u>3 23</u>	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>James Bunch</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Joplin</u>			Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Harold Joplin Bonne Terre, Missouri</u>			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>Cerebral Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) <u>Hy pertention 331x</u>			chronic	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. 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>12-20-60</u> to <u>1-1-61</u> and last saw her <u>living</u> alive on <u>12-31-60</u> Death occurred at <u>Incarinate Word Hosp.</u> on the <u>9th</u> day of <u>Jan</u> and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Last name or title) <u>M. Duclaux Burns M.D.</u>					22b. ADDRESS <u>1452 So Grand</u>		22c. DATE SIGNED <u>1-1-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u>			23d. LOCATION (City, town, or county) <u>Rt. 2, Bonne Terre, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Sparks Funeral Home Bonne Terre, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 1 1961</u>		26. REGISTRAR'S SIGNATURE <u>Road Smith, M.D.</u>			

FEB 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest Sparks

Licensed Embalmer No. 4287

P. O. Address Bonnie Lane, Va.

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.