

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009412

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2801 Registrar's No. 104

AMENDED

FILED VS MAR 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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. 40 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 Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2320 Joplin St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Pearl Middle McShane Last Loveland			4. DATE OF DEATH March 6, 1961 Month Day Year	
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-20-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) Dry Glaize, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Francis McShane	13b. MOTHER'S MAIDEN NAME Sarah Gunter	14. NAME OF HUSBAND OR WIFE Dec'd Dr. W. S. Loveland, 1949
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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 Dau- Address Mrs. Clarence C. Shaw, 424 W. 32nd St.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Head of the Pancreas		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked obstructive jaundice		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
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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.)
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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
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21. I attended the deceased from 1-1-61 to 3-6-61 and last saw her ^{her} _{him} alive on 3-6-61 Death occurred at 9:20 am on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) W. W. Hurst M.D.	22b. ADDRESS Medical Arts Bldg. Joplin Mo.	22c. DATE SIGNED 3-7-61 (State)
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 3-8-61	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,	23d. LOCATION (City, town, or county) Joplin, Missouri
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI	25. DATE RECD. BY LOCAL REG. 3-8-1961	26. REGISTRAR'S SIGNATURE Doris Merriam
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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: Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Springfield, 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.