

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009915

STATE FILE NUMBER

Registration District No. 246 156 Primary Registration District No. 2591 Registrar's No. 106

AMENDED

FILED VS MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY **Newton**
 b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN **Rural Shoal Creek Twsp** Length of stay in lb **3 yrs**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Route 4, Box 177, Joplin** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Newton**
 c. CITY OR TOWN **Rural Shoal Creek Twsp** Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location) **Route 4, Box 177, Joplin** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **LEAH** Middle **ECHO** Last **MOORE**
 4. DATE OF DEATH Month **March** Day **5** Year **1961**
 5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3-11-1915** 9. AGE (last birthday) **45** 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) **Los Angeles, Calif.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Roy Hawkins** 13b. MOTHER'S MAIDEN NAME **Lotchie Burnett** 14. NAME OF HUSBAND OR WIFE **----**

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 Address **Mrs. Fredda Payne, 2012 Murphy, Joplin, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **4 Minutes**
 DUE TO (b) **Arteriosclerotic Heart Disease** **Undetermined**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 Month, Day, Year
 a.m. p.m.

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 **1-17-61** to **3-5-61** and last saw her/him alive on **2-16-61**
 Death occurred at **5 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *E. H. Hamilton M.D.* 22b. ADDRESS **E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG Joplin, Mo.** 22c. DATE SIGNED **3/7/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3-7-61** 23c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial Park, 25th & Jackson, Joplin, Missouri** 23d. JOPLIN (City, town, or village) (State)

24. FUNERAL DIRECTOR ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MISSOURI** 25. DATE RECD. BY LOCAL REG. **3-8-1961** 26. REGISTRAR'S SIGNATURE *Dove Merriam*

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 F. M. Jones

Licensed Embalmer No. 2319

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.