

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025707

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 365 STATE FILE NUMBER

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION ITEM NO. SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY **JASPER**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **GALENA (TOWNSHIP)** Length of stay in 1b **75 YRS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **CENTRAL 20th ST. + CITY RD.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **JASPER**  
 c. CITY OR TOWN **JOPLIN** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **20th ST. + CENTRAL CITY RD.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **ANTA BELLE LINDER** 4. DATE OF DEATH Month Day Year **AUG 1 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8/29/1884** 9. AGE (last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **DOMESTIC** 11. BIRTHPLACE (City and state or country) **WASHINGTON CO. ILL.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **RICHARD BRIDGES** 13b. MOTHER'S MAIDEN NAME **CAROLINE FOX** 14. NAME OF HUSBAND OR WIFE **JAMES A. (DECEASED)**

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. **-** 17. INFORMANT **MISS BLANCHE LINDER JOPLIN** 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) **medullary failure**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **myocardial degeneration**  
 DUE TO (c) **arterio sclerosis.**  
 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 **aug 29, 1961** to **aug 1, 1961** and last saw her **live on 7/31/61**  
 Death occurred at **115 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **L. Stiles** (Degree or title) 22b. ADDRESS **California Mo** 22c. DATE SIGNED **8/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **AUG 3, 1961** 23c. NAME OF CEMETERY OR CREMATORY **FAIRVIEW CEM.** 23d. LOCATION (City, town, or county) (State) **JOPLIN Mo**

24. FUNERAL DIRECTOR **HURLBUT-GLOVER JOPLIN** ADDRESS 25. DATE RECD. BY LOCAL REG. **8-3-1961** 26. REGISTRAR'S SIGNATURE **Noore Merriam**

AUG 14 1961

FEB 15 1962

**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

*Dale Glover*

Licensed Embalmer No. 4593

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.