MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029824

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 416

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 30 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 812 Virginia
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Warren Middle: Last: Comer
4. DATE OF DEATH: Month: September Day: 7 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/9/1899
9. AGE (last birthday): 61
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): Railway Expressman
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (City and state or country): Oklahoma
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: No record
13b. MOTHER'S MAIDEN NAME: Nancy -----
14. NAME OF HUSBAND OR WIFE: Mrs. Beatrice Comer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Beatrice Comer, Joplin, Mo. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis — 3 months
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 a.m. p.m. Month, Day, Year
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 June 19,1961, to Sept. 7,1961 and last saw ~~him~~ alive on Sept. 7,1961
Death occurred at 10:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Floyd R McKee (Degree or title): M.D.
22b. ADDRESS: 607 Frisoo Bldg, Joplin, Mo
22c. DATE SIGNED: 9-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 10,1961
23c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cemetery
23d. LOCATION (City, town, or county) (State): Sarcoxie, Missouri

24. FUNERAL DIRECTOR: Hurlbut-Glover Mortuary ADDRESS: Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 9-9-1961
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

SEP 27 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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin,

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.