

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037358

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 175

**FILED NOV 14 1961**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Joplin Township</u>   |   | Length of stay in 1b<br><u>60 Years</u>   | c. CITY OR TOWN <u>Joplin</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>RFD # 3</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>RFD # 3</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Nannie</u> Middle <u>B</u> Last <u>arthel</u>   |   |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>3</u> Year <u>1961</u>  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/21/1895</u>  |
| 9. AGE (last birthday)<br><u>66</u>   |   | IF UNDER 1 YEAR<br>Months <u>        </u> Days <u>        </u>  | IF UNDER 24 HR<br>Hours <u>        </u> Min. <u>        </u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Domestic</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Near Duton Arkansas</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U S A</u>   |   | 13a. FATHER'S NAME<br><u>Oliver T. Oder</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Martha A. Moore</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>D. B. Barthel</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>        </u>  | 17. INFORMANT<br><u>D. B. Barthel</u> Address <u>Joplin, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Embolus</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Atherosclerosis</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>minutes</u><br><u>years</u><br><u>years</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |  |
| 20c. TIME OF INJURY<br>Hour <u>        </u> Month, Day, Year <u>        </u><br>a.m. <u>        </u> p.m. <u>        </u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br><u>Joplin, Mo</u> COUNTY <u>        </u> STATE <u>        </u>   |
| 21. I attended the deceased from <u>2 1/2 years</u> to <u>10-21-61</u> and last saw her alive on <u>10-21-61</u><br>Death occurred at <u>Noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Dr. Roy F. Freeman M.D.</u>  |   | 22b. ADDRESS<br><u>Joplin, Mo</u>   | 22c. DATE SIGNED<br><u>11-4-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Nov. 6, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ozark Memorial Park</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Joplin, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Hurlbut-Glover Mortuary</u> ADDRESS <u>Joplin, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-6-61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Madeline Sirtgen</u>  |

FEB 15 1962

23 1002

JAN 9 1962

OCT 25 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.