

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-045988
STATE FILE NUMBER

DATE AMENDED

INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 3/6 Primary Registration District No. _____ Registrar's No. 523

AMENDED FILED JAN 9 1962

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township | | Length of stay in 1b 2M; all day | c. CITY OR TOWN Hornersville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) State Hospital #4 |
| 3. NAME OF DECEASED (Type or print) First MAUDE Middle GERTRUDE Last JOYNER (JOINER) | | 4. DATE OF DEATH Month December Day 25 Year 1961 | |
| 5. SEX Female | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/23/86 |
| 9. AGE (last birthday) 75 | | IF UNDER 1 YEAR Months 9 Days 2 Hours 0 Min. 0 | |
| 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) Dunklin Co., Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME (Rhyneheart) Weas Rhinehart | |
| 13b. MOTHER'S MAIDEN NAME Melvina Ellen Haywood | | 14. NAME OF HUSBAND OR WIFE Sam H. Joiner (Joyner) | |
| 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. None | |
| 17. INFORMANT Records, State Hospital #4, Farmington, Mo. | | Address W. C. Boney Memphis, Tenn. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH Abt. 6 hrs. |
| DUE TO (b) Exacerbation of Chronic myocarditis | | | Abt. 1 year. |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis, and bronchial pneumonia. | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? 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 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 |
| 21. I attended the deceased from Dec. 25, 1961 to Dec. 25, 1961 and last saw her alive on Dec. 25, 1961 Death occurred at 1:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) William Ford M.D. | | 22b. ADDRESS State Hospital No. 4, Farmington, Missouri | 22c. DATE SIGNED 12-26-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/27/61 | 23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery | 23d. LOCATION (City, town, or county) (State) Greenway, Arkansas |
| 24. FUNERAL DIRECTOR Emerson & Sons F.H. | | ADDRESS Hornersville Missouri | 25. DATE RECD. BY LOCAL REG. Dec. 24, 1961 |
| | | 26. REGISTRAR'S SIGNATURE Esther Rudloff | |



Name of Deceased _____
 Address _____
 City _____
 State _____
 Date of Death _____
 Cause of Death _____
 Place of Death _____
 Name of Embalmer _____
 Address _____
 City _____
 State _____
 Date of Embalming _____
 Place of Embalming _____
 Name of Undertaker _____
 Address _____
 City _____
 State _____
 Date of Burial _____
 Place of Burial _____

(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 *James J. [Signature]*
 Signature of Licensed Embalmer

Licensed Embalmer No. 5148

P. O. Address Kennett, 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.