

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002330

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 41

FILED JAN 30 1962

AMENDED

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 20 yrs c. CITY OR TOWN Joplin Inside Limits Yes [X] No [] d. STREET ADDRESS 1201 Iowa Avenue (If outside, give location) Reside on Farm Yes [] No [X]
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
3. NAME OF DECEASED (Type or print) First Middle Last ELLEN GILBERT SHEETS 4. DATE OF DEATH January 19, 1962
5. SEX Female 6. COLOR OR RACE White 7. Married [] Never Married [] Widowed [] Divorced [X] 8. DATE OF BIRTH 2-6-1897 9. AGE (last birthday) 64 IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Own Home 11. BIRTHPLACE (City and state or country) Owsley County, Ky 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Abe Gilbert 13b. MOTHER'S MAIDEN NAME Elizabeth Baker 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 None 16. SOCIAL SECURITY NO. None 17. INFORMANT Arlen Gilbert, P.O.Box 54, Onieda, Ky. 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) Carcinomatosis DUE TO (b) Adeno-carcinoma of mouth DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 [X] 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 Feb. 25, 1957 to Jan. 19, 1962 and last saw her alive on Nov. 6, 1961 Death occurred at 12:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) 22b. ADDRESS 607 Frisoo Bldg, Joplin, Mo. 22c. DATE SIGNED 1-22-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-22-1962 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem. 23d. LOCATION (City, town, or county) (State) Joplin, Mo.
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 1-24-1962 26. REGISTRAR'S SIGNATURE Dove Merriam

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 David Dillon

Licensed Embalmer No. 3898

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.