

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006867

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 48

STATE FILE NUMBER

FILED MAR 12 1962
JASPER COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Length of stay in 1b 3 DAYS	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 MC KEE	

3. NAME OF DECEASED (Type or print) First Middle Last HELEN FRANCIS DOKE			4. DATE OF DEATH Month Day Year MARCH 8 1962		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/09	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee- Food Processing Plant	10b. KIND OF BUSINESS OR INDUSTRY JOPLIN, MISSOURI	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WILLIAM V. DRAKE	13b. MOTHER'S MAIDEN NAME WINNIE HASTINGS	14. NAME OF HUSBAND OR WIFE JAMES H. DOKE
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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 Address JAMES H. DOKE 201 MC KEE
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) TOXIC MYOCARDITIS		5 Days
DUE TO (b) MASSIVE ASCITIES OF ABDOMEN & LIMBS.		3 Months
DUE TO (c) CIRRHOSIS OF LIVER		Unknown

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION JOPLIN	COUNTY MISSOURI	STATE
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21. I attended the deceased from 2-27-62 to 3-8-62 and last saw her alive on 3-8-62 Death occurred at 3:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. B. Jewell, D.O.</i>	(Degree or title)	22b. ADDRESS 712 Florida, Joplin, Mo.	22c. DATE SIGNED 3-8-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/12/62	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEMETERY	23d. LOCATION (City, town, or county) JOPLIN MISSOURI
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24. FUNERAL DIRECTOR HURLBUT-GLOVER MORTUARY, JOPLIN, MISSOURI	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-9-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Surtzger</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

MAY 3 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 Lyman R. Cunningham

Licensed Embalmer No. 4969

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.