

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006918

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 128

AMENDED

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 20 YEARS	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 1702 NEW YORK AVE,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1702 NEW YORK AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle RIVERS Last RAY			4. DATE OF DEATH Month FEBRUARY Day 25 Year 1962		
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5. SEX MALE	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 6/8/1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) STATE OF TEXAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME FRANKLIN RAY	13b. MOTHER'S MAIDEN NAME MACKY REEVES	14. NAME OF HUSBAND OR WIFE MUNCIE RAY
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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 MRS. MUNCIE RAY, 1702 NEW YORK, JOPLIN, MO
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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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 checked="" 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 11:30 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 Joplin Jasper Mo. COUNTY STATE
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21. I attended the deceased from 11:30 to 11:30 and last saw him alive on 2/25/62 Death occurred at 11:30 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Dan C. Becker D.C. (Degree or title)	22b. ADDRESS 1529 Connecticut	22c. DATE SIGNED 3/2
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/2/62	23c. NAME OF CEMETERY OR CREMATORY SEA SIDE CEMETERY	23d. LOCATION (City, town, or county) (State) CORPUS CHRISTI, TEXAS
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24. FUNERAL DIRECTOR HURLBUT-GLOVER MORTUARY, JOPLIN, MISSOURI ADDRESS	25. DATE RECD. BY LOCAL REG. 3-1-1962	26. REGISTRAR'S SIGNATURE Dove Merriam
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DATE AMENDED
7
9
2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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.