

✓ MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015649

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 204

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 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 **40 yrs**

c. CITY OR TOWN **Joplin** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3027 Joplin Avenue** Inside Limits Yes No

d. STREET ADDRESS **3028 1/2 Joplin Avenue** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) **LETHA MAY GAREY**

4. DATE OF DEATH Month Day Year **April 5, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-9-1882** 9. AGE (last birthday) **79**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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) **Crawford County, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Hanson** 13b. MOTHER'S MAIDEN NAME **Jane Staples** 14. NAME OF HUSBAND OR WIFE **W. H. Garey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Mrs. Harry Ray, 3027 Joplin, Joplin, Mo.**

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 Coronary Occlusion** **Sudden**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 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 **March 7, 1955** to **April 5, 1962** and last saw her ^{her} ~~xx~~ alive on **April 4, 1962**

Death occurred at **8:15 AM.** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Raymond W. Merriam* 22b. ADDRESS **607 Frisco Bldg. Joplin, Missouri** 22c. DATE SIGNED **4-9-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-9-1962** 23c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial Park Cem. Joplin, Mo.** 23d. LOCATION (City, town, or county) (State) _____

24. FUNERAL DIRECTOR ADDRESS **Thornhill-Dillon Mortuary, Joplin, Mo.** 25. DATE RECD. BY LOCAL REG. **4-11-1962** 26. REGISTRAR'S SIGNATURE *Dove Merriam*

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Stilton

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.