MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-023654
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 339

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 33 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2210 Connor Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2210 Connor Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WALTER Middle BARTLETT Last McANINCH
4. DATE OF DEATH: Month June Day 30, Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-4-1902
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY: American Nat'l Life Ins.
11. BIRTHPLACE (City and state or country): Butler, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Walter Jackson McAninch
13b. MOTHER'S MAIDEN NAME: Odebell Bartlett
14. NAME OF HUSBAND OR WIFE: Thelma McAninch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Address: Mrs. Thelma McAninch, 2210 Connor Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Acute myocardial infarction Feb.,1960, transferred to care of E.H. Hamilton,M.D. for management of heart condition.
INTERVAL BETWEEN ONSET AND DEATH: ? Found dead, at home.
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 2-29-60, to 1-3-62 and last saw ~~her~~ him alive on 1-3-62
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
(Under Dr. Hamilton's care for heart condition-Dr. Hamilton out of town)
22a. SIGNATURE: B.E. DeTar, M.D. (Degree or title) B.E.DeTar, Jr., M.D.
22b. ADDRESS: DeTar Clinic, 410 Jackson Joplin, Missouri
22c. DATE SIGNED: 7-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-3-1962
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park,
23d. LOCATION (City, town, or county) (State): Joplin, Missouri
24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG.: 7-3-1962
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 23 1963

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 Robert A. Zook

Licensed Embalmer No. 5193

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.