

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039193

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 540

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 1 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> | | Length of stay in lb <u>3 years</u> | c. CITY OR TOWN <u>Joplin</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>529 No. Joplin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>529 No. Joplin</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>A.</u> Last <u>Palmolea</u> | | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>28</u> Year <u>1962</u> | | |
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|--------------------|------------------------------|--|---------------------------------------|-------------------------------------|--|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married? <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/15 1887</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR Months _____ Days _____ | 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) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Transylvania, Romania</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S</u> | |
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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Ambrose Parua</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Hondrea</u> | | 14. NAME OF HUSBAND OR WIFE <u>John N. Palmolea</u> | |
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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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Mrs Robert Stone, 114 W. F St. Joplin</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Arteriosclerotic Heart Disease 3 years</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | |
| | | DUE TO (c) _____ | |

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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 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 _____ | | | |
|---|--|------------------------|--|--|--|

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|---|--|--|--|------------------------------|--|--------|--|-------|--|
| 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 | | COUNTY | | STATE | |
|---|--|--|--|------------------------------|--|--------|--|-------|--|

21. I attended the deceased from Nov. 14, 1961 to Oct. 28, 1962 and last saw ^{her} alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Johanna K. K... MD</u> (Degree or title) | | 22b. ADDRESS <u>304 Medical Arts Bldg. Joplin, Missouri</u> | | 22c. DATE SIGNED <u>10-29-62</u> | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>Oct 30, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Syrian Orthodox Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Souix City Iowa</u> | |
|---|--|----------------------------------|--|---|--|---|--|

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| 24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary Joplin Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>10-30-1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 George S. Myers

Licensed Embalmer No. 5175

P. O. Address 231 Wall Joseph

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.