

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046531

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1894A

FILED JAN 7 1962

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Rev. 4/59

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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

1. PLACE OF DEATH a. COUNTY Green		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 Springfield, Mo.		Length of stay in lb 5 Weeks	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 329 Mc Connell
3. NAME OF DECEASED (Type or print) First Middle Last Jerry Lee Doke			4. DATE OF DEATH Month Day Year December 22 1962
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 9/10/1935
9. AGE (last birthday) 27		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Music Company	11. BIRTHPLACE (City and state or country) Joplin, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jimmie Doke	
13b. MOTHER'S MAIDEN NAME Helen Drake		14. NAME OF HUSBAND OR WIFE Mary Doke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 	17. INFORMANT Address Mrs. Mary Doke 329 Mc Connell
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive brain injury DUE TO (b) Massive internal hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 34 days
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-17-62	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.) Near Baxter Springs, Kansas		20f. CITY, TOWN, OR LOCATION 11-18-62	COUNTY 12-22-62
20f. CITY, TOWN, OR LOCATION Springfield, Missouri		STATE 12-22-62	
21. I attended the deceased from 4:30 p.m. 12-22-62 to 12-22-62 and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her <input type="checkbox"/> it alive on 12-22-62 Death occurred at 4:30 p.m. 12-22-62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John L. K. Tseng, M.D.</i> John L. K. Tseng, M.D.		22b. ADDRESS 1636 South Glenstone Springfield, Missouri	22c. DATE SIGNED 12-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/22/62	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin Missouri
24. FUNERAL DIRECTOR Hurlbut-Glover, Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 12-31-62	26. REGISTRAR'S SIGNATURE <i>Effie S. Merton</i>

JAN 10 1963

Gen'l
Dec 22 / 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 *Robert H. [Signature]*
Licensed Embalmer No. 5156
P. O. Address Springfield, 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.