

DO NOT WRITE
ON THIS STUB

9. 40
10a. 29
10b. 097
11. 07151
12.
13. 0901287
14. 2
15. 450X
16.
17.
18.
19. CREDITS
20.

VS 300
Rev. 1/70

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 172

DECEASED—NAME FIRST MIDDLE LAST Ava Besett			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) March 12, 1972	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) 69	UNDER 1 YEAR MOS. DAYS 5c. 6c.	DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 25, 1903	
4. CITY, TOWN, OR LOCATION OF DEATH Joplin		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	6. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Johns Medical Center		
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) Okla.		CITIZEN OF WHAT COUNTRY USA		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Albert L. Besett	
8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		10. KIND OF BUSINESS OR INDUSTRY Home	
12. RESIDENCE—STATE Missouri		COUNTY Jasper	CITY, TOWN, OR LOCATION Carterville		STREET AND NUMBER 510 S. Maple St.
FATHER—NAME FIRST MIDDLE LAST William Matthews			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. INFORMANT—NAME Albert L. Besett			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 510 S. Maple St. Carterville, Mo.		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE (a) Pulmonary Embolism - Acute massive DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR) 70b.	HOUR 70c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 70d.	
INJURY AT WORK (SPECIFY YES OR NO) 70e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 70f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 70g.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 70h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> L&K
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 3-7-72 TO 21b. 3-12-72		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 3-12-72		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did not	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) Jack Vinyard		SIGNATURE 22b. [Signature]		DEGREE OR TITLE M.D.	
MAILING ADDRESS—CERTIFIER 23a. 2509 Jackson St. Joplin, Mo.		STREET OR R.F.D. NO. 23b.		CITY OR TOWN 23c.	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Mt. Hope Cemetery		LOCATION CITY OR TOWN STATE Webb City, Mo.	
DATE (MONTH, DAY, YEAR) March 16, 1972		FUNERAL HOME—NAME AND ADDRESS Johnston-Simpson Mortuary		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 400 W. Daugherty St. Webb City, Mo.	
FUNERAL DIRECTOR—SIGNATURE 25b. [Signature]		REGISTRAR—SIGNATURE 26a. [Signature]		DATE RECEIVED BY LOCAL REGISTRAR 26b. 3-17-72	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

NOV 1 1972

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address

Webb City 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.