No. 300
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FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34309

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 516

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER.
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2406 PICHER AVENUE 0495 0

3. NAME OF DECEASED (Type or Print)
a. (First): LARRY
b. (Middle): DEAN
c. (Last): EMERY

4. DATE OF DEATH (Month) (Day) (Year): OCT. 18, 1954

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): STUDENT 0
8. DATE OF BIRTH: JULY 5, 1943
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: ALCOTT SCHOOL
11. BIRTHPLACE (City and State or Foreign Country): JOPLIN, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JAMES EMERY
13b. MOTHER'S MAIDEN NAME: ELSIE CALVERT
14. NAME OF HUSBAND OR WIFE: ----------

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.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ELSIE L. EMERY, 2406 PICHER AVE.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - Pelvic and Sacral fractures — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rectal perforation
Dislocation of foot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coroner's Jury Verdict Unavoidable accident. Wm. Cosner Coroner. Jasper Co.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 24TH & BIRD AVE.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JOPLIN 122 JASPER MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-17-54 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Rode bicycle into side of Auto. in motion

22. *I hereby certify that I attended the deceased from* 10-17, 1954, *to* 10-18, 1954, *that I last saw the deceased alive on* 10-16, 1954 *and that death occurred at* 1:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V Dale Alquist MD 0
23b. ADDRESS: Frisco Bldg Joplin Mo
23c. DATE SIGNED: 10-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-21-54
24c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 5-25-54
REGISTRAR'S SIGNATURE: Ed S. James by Solares Lampkins 138 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 1 1954
Jasper County Health Office

County File Number 8 91

Date Filed NOV 1 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student:.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 23 1

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.