

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41074

State File No. ....

BIRTH NO. 166440-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 551

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JASPER		b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		a. STATE MISSOURI		b. COUNTY JASPER	
c. LENGTH OF STAY (in this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		d. STREET ADDRESS (If rural, give location) 1309 ILLINOIS AVE.			
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				3. NAME OF DECEASED			
a. (First) JAMES		b. (Middle) MICHAEL		c. (Last) DEMOSS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT		8. DATE OF BIRTH OCT. 11, 1955	
9. AGE (In years last birthday) 10 WEEKS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (State or foreign country) JOPLIN, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES R. DEMOSS		13b. MOTHER'S MAIDEN NAME BETTY JEAN PHILLIPS		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES R. DEMOSS, 1309 ILLINOIS 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bronchitis &amp; pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>493X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>October 11, 1955</u> , to <u>Dec. 21, 1955</u> , that I last saw the deceased alive on <u>Dec. 21, 1955</u> , and that death occurred at <u>4:20 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Catherine Kiel, M.D.</u>				23b. ADDRESS <u>440 Jackson, Joplin Mo</u>		23c. DATE SIGNED <u>12/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>12-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-30-55</u>		REGISTRAR'S SIGNATURE <u>by Dolores Sampkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 1956  
Jasper County Health Office

County File Number 5-6-1-8  
Date Filed JAN 3 1956

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.