

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9459

BIRTH NO. 16295-56 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Joplin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital				e. STREET ADDRESS (If rural, give location) 1212 Joplin Street 8.4950				
3. NAME OF DECEASED (Type or Print) a. (First) Tarry b. (Middle) Wayne c. (Last) Friend			4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1956					
5. SEX M ♀		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Mar. 23, 1956		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Hours Min.				
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 (City and State or Foreign Country) Joplin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Billy G. Friend			13b. MOTHER'S MAIDEN NAME Lorene Vickers		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Infant			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Billy G. Friend, 1212 Joplin St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				DUE TO (b) Pre-mature				12 hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) Maternal Malnutrition Months				
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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)		7635		
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>3-23</u> , 19 <u>56</u> , to <u>3-26</u> , <u>56</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>56</u> , and that death occurred at <u>7:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. O. Martin, D.D.</u>				23b. ADDRESS <u>709 Joplin St Joplin</u>		23c. DATE SIGNED <u>3-29-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-56		24c. NAME OF CEMETERY OR CREMATORIA Howard Cemetery		24d. LOCATION (City, town, or county) (State) Goodman, Missouri		
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		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 APR 9 1956
Jasper County Health Office
County File Number 56-4-306
Date Filed APR 9 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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