

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25802

STATE FILE NUMBER

FILED AUG 14 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 71

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington Township</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Joplin</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital #3</i>		Length of stay in lb <i>3 yrs 1 mo 21 ds</i>	d. STREET ADDRESS (If outside, give location) <i>805 Murphy St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Ida</i> Middle <i>Pierce</i> Last <i>Call</i>			4. DATE OF DEATH Month <i>Aug</i> Day <i>6</i> Year <i>1956</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 14, 1889</i>
9. AGE (In years last birthday) <i>66 years</i>		# UNDER 1 YEAR Months <i>8</i> Days <i>23</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Copy holder</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Newspaper</i>	11. BIRTHPLACE (City and state or country) <i>Shell City, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13. FATHER'S NAME <i>Unknown</i>	
14. MOTHER'S MAIDEN NAME <i>Elizabeth Gordon</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>	
16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT Address <i>Records of State Hospital #3</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardio-vascular disease</i> DUE TO (c) <i>Presenile Brain disease & Psychosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>several years</i> <i>several years</i> <i>several years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>None</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) <i>None</i>
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>			
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>June 16, 1953</i> to <i>Aug 6, 1956</i> and last saw her ^{her} _{him} alive on <i>Aug 6, 1956</i> Death occurred at <i>10.30 p. m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Neslie H Wright M.D.</i>		22b. ADDRESS <i>State Hospital #3, Nevada Mo</i>	22c. DATE SIGNED <i>Aug 6 '56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>8-14-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FAIRVIEW CEMETERY,</i>	23d. LOCATION (City, town, or county) <i>JOPLIN, MISSOURI</i> (State)
24. FUNERAL DIRECTOR <i>STEVE PARKER MORTUARY, JOPLIN, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>8-10-1956</i>	26. REGISTRAR'S SIGNATURE <i>Armas J. Ferry</i>

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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 *Steve Parker*.....

Licensed Embalmer No. *254*

P. O. Address *Japan*

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.