

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38460

STATE FILE NUMBER

FILED NOV 30 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 508

health, welfare, public service
 300 1-56
 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
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Length of stay in 1b 40 YRS	d. STREET ADDRESS 2625 BYERS AVE.		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALPHA Middle ANNA Last SARTAIN			4. DATE OF DEATH Month Nov. Day 12 Year 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 30, 1877	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNK			14. MOTHER'S MAIDEN NAME UNK		
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 MRS. BILL JOHNSON, INDEPENDENCE, Ks.		
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Disease Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221					INTERVAL BETWEEN ONSET AND DEATH Year 5
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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 JOPLIN COUNTY _____ STATE _____	
21. I attended the deceased from Nov 21, 1956 to Nov 12, 1956 and last saw her/him alive on Nov 12, 1956 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE V. Dale Alquist MD (Degree or title)			22b. ADDRESS Frisco Bldg		22c. DATE SIGNED 11-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-15-56	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY, JOPLIN, MISSOURI		23d. LOCATION (City/town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO		25. DATE RECD. BY LOCAL REG. 11-20-1956		26. REGISTRAR'S SIGNATURE Dora Merriam	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 56-11-936
Date Filed 2-19-59

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 *F. M. Jones*.....
Licensed Embalmer No. *23*

P. O. Address *Jap. Ind.*

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