THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41936

STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWSP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ELMHURST CONVALESCENT HOME — Length of stay in this place 50 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 514 FLORIDA AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: KATHERINE Middle: Last: NEEDHAM

4. DATE OF DEATH Month Day Year: DEC. 20, 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JUNE 14, 1888

9. AGE (In years last birthday): 68 — 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): PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY: NURSING

11. BIRTHPLACE (City and state or country): NEWTON CO., MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILLIP PFLUG

14. MOTHER'S MAIDEN NAME: ABELINE TYLEMAN

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 Address: JACK NEEDHAM, KANSAS CITY, MO.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis + hypertension — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus + auricular fibrillation 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 7-14-55, to Dec. 20, 1956 and last saw her/him alive on Dec. 8, 1956. Death occurred at 8:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L M Ferguson MD

22b. ADDRESS: Webb City Mo.

22c. DATE SIGNED: 12/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12-22-56

23c. NAME OF CEMETERY OR CREMATORY: FOREST PARK CEMETERY

23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG.: 12-24-56

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Date Filed DEC 1 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 2

P. O. Address Jefferson

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.