

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36744  
STATE FILE NUMBER

FILED OCT 28 1957.

Registration District No. 246156 Primary Registration District No. 2001 Registrar's No. 483

300-  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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 <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>4331 S. Joplin St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4331 Joplin St.</u>		Length of stay in lb	d. STREET ADDRESS <u>4331 Joplin St.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Zephro</u>			4. DATE OF DEATH <u>Oct. 13, 1957</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Nov. 1, 1879</u>		
9. AGE (In years last birthday) <u>77</u>			10. KIND OF BUSINESS OR INDUSTRY		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			11. BIRTHPLACE (City and state or country) <u>Drake Creek, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Buford Drake</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Naomi Drake</u> <u>4331 Joplin St. Joplin, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis &amp; hypertension that became</u> <u>cardiomyopathy several years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>from cardiac enlargement</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY a. m. _____ p. m. _____		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
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 COUNTY STATE	
21. I attended the deceased from <u>June 1954</u> to <u>10/13/57</u> and last saw her alive on <u>10/13/57</u> Death occurred at <u>10:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Dosher M.D.</u> (Degree or title)			22b. ADDRESS <u>2125 Jackson Joplin, Mo.</u>		22c. DATE SIGNED <u>10-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Johnston-Arnce-Simpson Webb City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10-19-1957</u>		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

RECEIVED

District Health Officer No. Newton

District File Number 1057-341

Date Filed OCT 24 1957

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City,

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.