

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038825

STATE FILE NUMBER

5067

Registrar's No. 109

FILED DEC 9 1958

Registration District No. 15

Primary Registration District No.

300 3
1-57

1. PLACE OF DEATH a. COUNTY BARTON		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 JCT 43-160 HIWAY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN <i>0495</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Central Twsp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2912 W15TH
3. NAME OF DECEASED (Type or print) First EDITH Middle LAURA Last MITCHELL			4. DATE OF DEATH Month NOV Day 29 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 6TH 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) NEOSHO MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RICHARD SNYDER		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ELMER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shell fracture DUE TO (b) Car - and road accident Junction 43 & 160 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Several
20a. ACCIDENT <input checked="" 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.) Car ran into truck at Junction 43 & 160 caused people to be thrown out on Hi way.		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Junction 43 & 160		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Jasper		COUNTY Barton STATE MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charlene Chile (Degree or title) Coroner 3		22b. ADDRESS Jasper MO	22c. DATE SIGNED Nov. 29. 58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV 29	23c. NAME OF CEMETERY OR CREMATORY JOPLIN MO.	23d. LOCATION (City, town, or country) (State) JOPLIN MO.
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY ADDRESS 1502 JOPLIN		25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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. *2548*
P. O. Address *John ...*

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.