

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006055  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <b>Jasper,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma,</b> b. COUNTY <b>Ottawa</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Miami, 835<sup>0</sup> 8</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay in lb <b>4 Hours.</b>		d. STREET ADDRESS (If outside, give location) <b>423 F Street S. E.</b>	
3. NAME OF DECEASED (Type or print) First <b>Calvin</b> Middle <b>Lloyd</b> Last <b>Archer,</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>10,</b> Year <b>1959</b>		
5. SEX <b>Male,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 2, 1927,</b>		9. AGE (In years last birthday) <b>31.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing,</b>		11. BIRTHPLACE (City and state or country) <b>North Miami, Oklahoma, 1</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Roy Archer,</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Sarles,</b>	
14. NAME OF HUSBAND OR WIFE <b>Arnetta Archer,</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No,</b>		16. SOCIAL SECURITY NO. <b>448-16-0232</b>	
17. INFORMANT <b>Arnetta Archer,</b>		Address <b>423 F S. E., Miami, Oklahoma.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>instant.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Subachronoid hemorrhage</b>					<b>18 hrs.</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)					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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 <u>2/10/59</u> to _____ and last saw her <sup>her</sup> alive on <u>2/10/59</u> Death occurred at <u>4:20PM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Y. Johnson</i>		(Degree or title)		22b. ADDRESS <b>General Hospital, Joplin, Missouri,</b>	
22c. DATE SIGNED <b>2/11/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		23b. DATE <b>2/12/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>G. A. R. Cemetery,</b>	
23d. LOCATION (City, town, or county) <b>Miami, Oklahoma.</b>		(State)			
24. FUNERAL DIRECTOR <b>Hutchins Funeral Home, Miami, Oklahoma.</b>			25. DATE RECD. BY LOCAL REG. <b>2-17-1959</b>		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

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. 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 .....  
Licensed Embalmer No. .... 15,228....  
P. O. Address ..... Miami, Fla.

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.