

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018144

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 253

300
1-57

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) Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 West 23rd		d. STREET ADDRESS (If outside, give location) 206 West 23rd	
Length of stay in lb 60 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Etta Middle Blanche Last Stevens			4. DATE OF DEATH May 5, 1959		
--	--	--	-------------------------------------	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1881	9. AGE (In years of age birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furrier	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Vernon Country, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	---

13a. FATHER'S NAME J.B. King	13b. MOTHER'S MAIDEN NAME Anna Beal	14. NAME OF HUSBAND OR WIFE None
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (unknown)) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-10-9607	17. INFORMANT Aubrey Stevens	Address Joplin, Missouri
--	---	--	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of Myocardium		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		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) 4200		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.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Joplin	COUNTY Mo.	STATE Mo.
---	--	---	----------------------	---------------------

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 Joplin	COUNTY Mo.	STATE Mo.
---	--	---	----------------------	---------------------

21. I attended the deceased from 3-31-59 to 5-5-59 and last saw her alive on 4-28-59 . Death occurred at 5-5-59 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>Alice H. Wilson</i> Alice H. Wilson, M.D.	(Degree or title) 0	22b. ADDRESS 1923 Sergeant, Joplin, Mo.	22c. DATE SIGNED 5-7-59
--	----------------------------	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1959	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL	23d. LOCATION (City, town, or county) (State) Joplin, Mo.
--	---------------------------------	---	---

24. FUNERAL DIRECTOR Thorhill-Dillon	ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 5-18-1959	26. REGISTRAR'S SIGNATURE <i>Noe Merriam</i>
--	------------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, carrier, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

760

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 *Robert C. Rolfe*

Licensed Embalmer No. *5062*

P. O. Address *Ashe, Ma.*

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.