

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018180
STATE FILE NUMBER

Filed MAY 19 1959 Registration District No. 155 Primary Registration District No. 3-1-2-7 Registrar's No. 79/

Hope Manor Rest Home

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) OR TOWN Joplin Township		c. CITY OR TOWN Joplin	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1402 Rex		Length of stay in lb 60 Yrs.	
4		STREET ADDRESS 924 Rex	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Della Middle Jane Last Alltizer			Month May Day 10 Year 1959		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 18 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Cassville Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Joseph Atterberry	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Chas. Wm. (Deceased)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Lee Alltizer Address Joplin Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, Posterior		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	3 years.
	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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 7/22/57 to 5/10/59 and last saw her alive on 5/10/59 Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE A. K. Wherman MD. (Degree or title)	22b. ADDRESS 301 Med. Arts Bldg Joplin Mo.	22c. DATE SIGNED 5/15/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 14 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cem.	23d. LOCATION (City, town, or county) (State) Joplin, Mo.
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24. FUNERAL DIRECTOR Hurlbut-Glover Mortuary ADDRESS Joplin	25. DATE RECD. BY LOCAL REG. 5-15-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diagnoses 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 *Dale Glover*

Licensed Embalmer No. *4593*

P. O. Address. *Joplin, Mo.*

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.