

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020198
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 80

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY Vernon		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 Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hosp, #3		Length of stay in lb 5-0-2		d. STREET ADDRESS 606 N, Byers	
3. NAME OF DECEASED (Type or print) First Middle Last Pearl R Earnshaw			4. DATE OF DEATH Month Day Year 5-13-1959		
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 6-5-1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) MISSISSIPPI Atlanta Georgia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME S.T. Jenkins		13b. MOTHER'S MAIDEN NAME Nannie Taylor	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Adm Papers		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease DUE TO (b) Atheromatous Sclerosis DUE TO (c) Senile Dementia PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH Years Years 4201	
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 Month, Day, Year a.m. p.m.		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 Joplin		COUNTY Missouri		STATE	
21. I attended the deceased from 5-11-54 to 5-13-59 and last saw her alive on 5-12-59 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ed Jenkins, M.D.		22b. ADDRESS Nevada Mo.		22c. DATE SIGNED 5-13-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 15, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
23d. LOCATION (City, town, or county) Joplin, Missouri		(State)		24. FUNERAL DIRECTOR Thornhill-Dillon Joplin, Missouri	
25. DATE RECD. BY LOCAL REG. 5-18-1959		26. REGISTRAR'S SIGNATURE Arma E. Jerry			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Roller*

Licensed Embalmer No. *5062*

P. O. Address *Amherst, 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.