

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025639

FILED VS JUL 30 1959

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. 359 STATE FILE NUMBER

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		Length of stay in 1b 50 years		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2114 Moffet			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2114 Moffet		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CARRIE Middle MAUDE Last SERVICE				4. DATE OF DEATH Month July Day 18 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 12-25-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Tuscombia, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Issac Agnew			13b. MOTHER'S MAIDEN NAME Unkonwn			14. NAME OF HUSBAND OR WIFE Dave Service		
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. None		17. INFORMANT Catherine Service 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) <u>Myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis 5 years</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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		COUNTY		STATE
21. I attended the deceased from <u>March 9-59</u> , to <u>7-16-59</u> and last saw her/him alive on <u>7-16-59</u> Death occurred at <u>10:05 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Lillian W. Ferguson M.D.</u>				22b. ADDRESS <u>206 West 1st St Joplin Mo</u>			22c. DATE SIGNED <u>7-20-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery		23d. LOCATION (City, town, or county) Joplin, Missouri			(State)
24. FUNERAL DIRECTOR Thornhill-Dillon ADDRESS Joplin, Missouri				25. DATE RECD. BY LOCAL REG. 7-24-1959		26. REGISTRAR'S SIGNATURE <u>Noce Merriam</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
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 Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.