

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035264

FILED VS. OCT 4 1960 156

Registration District No. 2001 Primary Registration District No. Registrar's No. 466

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in lb 52 YRS		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 ST. JOHN'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1019 ROOSEVELT AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILL Middle A. Last SHIREMAN				4. DATE OF DEATH Month SEPTEMBER Day 28 , Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-12-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR - SKELLY SERVICE STATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PIERCE CITY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME TOM SHIREMAN			13b. MOTHER'S MAIDEN NAME MARY CATHERINE FRITZ			14. NAME OF HUSBAND OR WIFE BLANCHE SHIREMAN		
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. UNK		17. INFORMANT Address 1019 MRS. BLANCHE SHIREMAN, ROOSEVELT,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arterio sclerosis							2 yrs	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonitis Acute					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 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		COUNTY		STATE
21. I attended the deceased from 9-25-59 to 9-28-60 and last saw her ^{her} alive on 9-27-60 Death occurred at 6:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W B Schoebel MD (Degree or title)				22b. ADDRESS Joplin Mo			22c. DATE SIGNED 9-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-30-60	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		(State)		
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				25. DATE RECD. BY LOCAL REG 9-29-1960	26. REGISTRAR'S SIGNATURE Dove Merriam			

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 Harvey E. Arnie

Licensed Embalmer No. 4463

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.