# SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021681
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 815

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: 6 1/2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1256 W. 9th St., — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1256 W. 9th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Clara — Middle Della — Last Owen
4. DATE OF DEATH: Month July — Day 2 — Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3/4/1875
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
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): Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Steven Grimes
13b. MOTHER'S MAIDEN NAME: Elizabeth Duncan
14. NAME OF HUSBAND OR WIFE: – – – – –
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: – – – – – –
17. INFORMANT: Omar Clark — Address: Joplin, Missouri.

MEDICAL CERTIFICATION

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Mitral Valvular Heart Disease — 7 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10:40 p.m., to 10:53 p.m. and last saw her/him alive on July 2, 1961
Death occurred at 10:53 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Spencer Macauley MD
22b. ADDRESS 118 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 7-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hurlbut-Glover Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 7-5-1961
26. REGISTRAR'S SIGNATURE: Dova Merriam

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

JUL 14 1961

**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_____ Signed Dale Glover

Signature of Student Embalmer

Licensed Embalmer No. 4-54-3

P. O. Address Joplin,

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.