

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030413

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 119

**FILED SEP 12 1961**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		Length of stay in lb <b>70yrs.</b>		c. CITY OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elm Park Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>245 Cunningham Street</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>NELLIE</b> Middle <b>JUNE</b> Last <b>JOY</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>3</b> Year <b>1961</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6/28/1880</b>		9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>				11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			
13a. FATHER'S NAME <b>James S. Nobblett</b>				13b. MOTHER'S MAIDEN NAME <b>Emily McLaughlin</b>				14. NAME OF HUSBAND OR WIFE <b>James Joy, Dec'd</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT <b>Mrs Jesse Happy, Hardin, Mo.</b> Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b> <b>Insanitation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>unknown</b>										INTERVAL BETWEEN ONSET AND DEATH <b>about 1 week</b>			
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>											
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 <b>1958</b> to <b>death</b> and last saw her <b>alive</b> on <b>8-2-61</b> Death occurred at <b>10:30 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>J. H. Crozier MD</b> (Degree or title)						22b. ADDRESS <b>Richmond, Mo</b>			22c. DATE SIGNED <b>9-5-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/5/1961</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Sunny Slope</b>		23d. LOCATION (City, town, or county) <b>Richmond Mo</b>		(State) <b>Mo</b>					
24. FUNERAL DIRECTOR <b>Thomas J. Carter</b> ADDRESS <b>Richmond, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-9-1961</b>		26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>							

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ  
CEREBELLUMS OF THIS RECORD ARE AS FOLLOWS

FEB 7 1962

**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

*Thomas J. Carter*

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.