

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011591

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 183

FILED APR 2 1962

VS 300
Rev. 4/59

1 0499
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12 86-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where Deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 6 Weeks	c. CITY OR TOWN Blairtown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maddox Convalescent Home 2302 Pennsylvania Ave.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Blairtown Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MADY Middle OWENS Last GUSTAFSON			4. DATE OF DEATH Month March Day 27 Year 1962
5. SEX F.	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 11-24-1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ 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 Home	11. BIRTHPLACE (City and state or country) Somerset, Kentucky
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Plesant Lindsey Wilson	
13b. MOTHER'S MAIDEN NAME Emma Bryant		14. NAME OF HUSBAND OR WIFE Edward Gustafson	
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 ^{Dau.} Mrs. Jesse W. Shanks, 2301 Joplin St., Address Joplin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebro Vascular thrombosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 wk 3 wd
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 checked="" type="checkbox"/> N: <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 1923 Sergeant, Joplin, Mo. COUNTY _____ STATE _____
21. I attended the deceased from 12-16-61 to 3-27-62 and last saw her/him alive on 3-27-62 Death occurred at 12:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. D. Wilson MD (Degree or title)		22b. ADDRESS	22c. DATE SIGNED 3-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-27-1962	23c. NAME OF CEMETERY OR CREMATORY Carpenter Cemetery,	23d. LOCATION (City, town, or county) Clinton Missouri (State)
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS		25. DATE RECD. BY LOCAL REG. 3-30-1962	26. REGISTRAR'S SIGNATURE Noce Merriam

USE BLACK INK OR TYPEWRITER RIBBON

APR 3 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 Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Jefferson MD

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.