

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043139

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 608 STATE FILE NUMBER

FILED DEC 12 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dreeman Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Okl b. COUNTY Ottawa
 c. CITY OR TOWN Wyandotte Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Jaye Middle B. Last Hall 4. DATE OF DEATH Month 12 Day 5 Year 1962

5. SEX Female 6. COLOR OR RACE wh 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-3-1897 9. AGE (last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) ? 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Burns 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE George Hall

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. _____ 17. INFORMANT George Hall - Wyandotte 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) C.V.A.
 DUE TO (b) Generalized arteriosclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration and severe Parkinson's disease.
 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 12-2-62 and last saw her 12-5-62 alive on 12-5-62
 Death occurred at 1035th on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. George M.D. (Degree or title) 22b. ADDRESS 2509 Jackson, Joplin, Mo. 22c. DATE SIGNED 12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-8-62 23c. NAME OF CEMETERY OR CREMATORY St. Mary's 23d. LOCATION (City, town, or county) St. Charles (State) Kans.

24. FUNERAL DIRECTOR Cooper Funeral Home - Miami ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 12-7-1962 26. REGISTRAR'S SIGNATURE Noel Merriam

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name, is recorded on the reverse side of this certificate ^{*did not Embalm*} was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey E. Amee

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.