

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043172

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 602

STATE FILE NUMBER

**FILED DEC 4 1962**

1. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb Yrs

c. CITY OR TOWN Joplin Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 207 N. Cox Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First FREDDIE Middle GENE Last PAGE

4. DATE OF DEATH Month November Day 29 Year 1962

5. SEX M 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 8-2-1952 9. AGE (last birthday) 10

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) 6th grade student

10b. KIND OF BUSINESS OR INDUSTRY Lincoln School

11. BIRTHPLACE (City and state or country) Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Page 13b. MOTHER'S MAIDEN NAME Rachel

14. NAME OF HUSBAND OR WIFE Mrs. Rachael Miengo, 207 N. Cox Ave.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Gr mother Address Mrs. Rachael Miengo, 207 N. Cox Ave.

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 cardiac dilatation INTERVAL BETWEEN ONSET AND DEATH 2-3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub-acute Chronic Glomerulo-nephritis 2000 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    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 April 12/1962 to Nov. 29 '62 and last saw her/him alive on Nov. 29 '62.

Death occurred at 8 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Julette M. Elsen, M.D. (Degree, or title)

22b. ADDRESS 2002 Jackson, Joplin, Mo.

22c. DATE SIGNED 11-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-6-1962

23c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery,

23d. LOCATION (City, town, or county) Joplin, Missouri (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS   

25. DATE RECD. BY LOCAL REG. 12-3-1962

26. REGISTRAR'S SIGNATURE Dove Merriam

VS 300 Rev. 4/59

10499  
20499z

3

4 2

5 0

6

7 0

8 1

9 591X

10

11

12 3-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert P. Gault

Licensed Embalmer No. 5193

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.