

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004921

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB  
 AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300	1
Rev. 4/59	2
1080	3
20499	4
3	5
4	6
5	7
2	8
94221	10
10	11
1293-0	12
13	13
1-0	

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

Registration District No. 3160 Primary Registration District No. \_\_\_\_\_ Registrar's No. 3

FILED JAN 8 1963

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Nevada</b>		Length of stay in 1b <b>10 months</b>		c. CITY OR TOWN <b>Joplin</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>St. Hospital #3</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1925 Moffett</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Arrah E. Emerson</b>			4. DATE OF DEATH Month <b>January</b> Day <b>4</b> Year <b>1963</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>9-29-1880</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>3</b> Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Peidmont, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>T. B. Seal</b>			13b. MOTHER'S MAIDEN NAME <b>Parmelia Bayfield</b>		14. NAME OF HUSBAND OR WIFE <b>Grant Emerson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Hospital Records Nevada Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cardiovascular Disease</b>						<b>Years</b>	
DUE TO (b) <b>Arteriosclerosis</b>						<b>Years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m.		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 <b>January 4, 1963</b>	
20g. COUNTY		20h. STATE					
21. I attended the deceased from <b>March 12, 1962</b> to <b>January 4, 1963</b> and last saw her <sup>him</sup> alive on <b>January 4, 1963</b> . Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
I viewed the remains--							
22a. SIGNATURE <i>Harold Ungers</i>			22b. ADDRESS <b>State Hospital, Nevada, Mo.</b>			22c. DATE SIGNED <b>1-4-63</b>	
23a. BURIAL CREMATION, PLASZYNIS KI, M.D. REMOVAL (Specify) <b>Burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>1-7-1963</b> <b>Ozark Memorial Park Cem.</b>		23c. LOCATION (City, town, or county) <b>Joplin, Missouri</b>		23d. (State)	
24. FUNERAL DIRECTOR <b>Thornhill-Dillon Mortuary, Joplin, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1-5-1963</b>		26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>		

STATE OF MISSOURI

1851  
1850

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0-2P

**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 David Dillon

Licensed Embalmer No. 3898

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.