

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-015655**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 252

**FILED MAY 14 1962**

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Rev. 4/59

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DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>  |   | c. CITY OR TOWN <b>Joplin</b>   |  |
| Length of stay in 1b <b>30 yrs.</b>   |   | Inside Limits <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Grandview Nursing Home</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>Grandview Nursing Home</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Nancy</b> Middle <b>Jane</b> Last <b>Baker Hand</b>   |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>5</b> Year <b>1962</b>  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>                     | 8. DATE OF BIRTH <b>8-20-1904</b>  |
| 9. AGE (last birthday) <b>57</b>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Practical Nurse</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Nursing</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Louisiana</b>           |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |   | 13a. FATHER'S NAME <b>Emmons</b>  |  |
| 13b. MOTHER'S MAIDEN NAME <b>unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>divorced</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |   | 16. SOCIAL SECURITY NO. <b>none</b>   |  |
| 17. INFORMANT Address<br><b>Mrs. Lorene Putman, Joplin, Missouri</b>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic Myelofibrosis</b>                    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 years</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Tuberculosis, Spine</b>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 COUNTY STATE   |  |
| 21. I attended the deceased from <b>Aug 1961</b> to <b>5-5-1962</b> and last saw her alive on <b>5-5-1962</b><br>Death occurred at <b>10:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>Josephine M. [Signature]</b>   |  |
| 22b. ADDRESS<br><b>2125 Jackson St Joplin Mo</b>  |   | 22c. DATE SIGNED<br><b>5-9-62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>5-8-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Joplin, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Mason Chapel, 108 Range Line, Joplin, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>5-9-1962</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Dove Merriam</b>  |   |   |  |

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**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



Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.