

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

100		FILED NOV 30 1955		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		37235	
BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 489		State File No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY JASPER				a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN				c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN					
c. LENGTH OF STAY (in this place) YRS				d. STREET ADDRESS (If rural, give location) 315 N. HARLEM AVE.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 N. HARLEM AVE.									
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) WILLIAM				b. (Middle) LARRANCE				c. (Last) ROE	
5. SEX M				6. COLOR OR RACE W				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH AUG. 4, 1877				9. AGE (In years last birthday) 78				10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER				10b. KIND OF BUSINESS OR INDUSTRY MINING				11. BIRTHPLACE (State or foreign country) COVINGTON, KY.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME JOHN ROE				13b. MOTHER'S MAIDEN NAME MARTHA PAGE				14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FRANK BELK, 315 N. HARLEM AVE.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) Chronic uric acid retention					
				DUE TO (c) and nephrosclerosis					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 44/6X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10 Nov, 1955, to 19 Nov, 1955, that I last saw the deceased alive on 17 Nov, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Donald R. Patterson M.D.				23b. ADDRESS 811 Lewis Bldg Joplin, Mo				23c. DATE SIGNED 25 Nov 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE 11-21-55				24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	
24d. LOCATION (City, town, or county) JOPLIN, MISSOURI									
DATE REC'D BY LOCAL REG. 11-26-55				REGISTRAR'S SIGNATURE James 138				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
(Licensed Embalmer's Statement on Reverse Side)									