S. No. 2
M—1/47
5-17-39

49
2
5

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 756

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

9094

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Mo. (b) County Jasper
(c) City or town Joplin 9
(If outside city or town limits, write "RURAL")
(d) Street No. 120 1/2 Main 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Asa Lea
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 19, 1865 (Month) (Day) (Year)

8. AGE: Years 82 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Macomb, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Chief
11. Industry or business
FATHER
12. Name A T Lea
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Newton
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant John Lea
(b) Address 1605 Sergeant, Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cem. (Joplin)
18. (a) Signature of funeral director Hurlbut Glover
(b) Address Joplin Mortuary
19. (a) 3-1-48 (Date received local registrar) (b) Dolores Lamphins DR (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Jan 11, 194
Jan 11, 1948, to February 28, 1948
that I last saw him alive on Feb 28, 1948 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart and respiratory failure
Due to Decompensating heart coronary sclerosis
Due to Large abdominal aortic aneurysm
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 30

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature W. E. Hamlin ~~(M. D. or other)~~ DO.
Address 521 W 4th Joplin, Mo Date signed 3/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-231

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 Dale Glover Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Zurlbut

Licensed Embalmer No. 959

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 this body is not embalmed, fact should be so stated above.