

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 27 1949 STANDARD CERTIFICATE OF DEATH

State File No. 16321

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY 979	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 3		c. LENGTH OF STAY (in this place) 1 Day	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1461 Perkins Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Picher 34	
d. STREET ADDRESS 418 Emily Street		(If rural, give location) 0 2	
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) LANG c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1949
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1901
9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Neck City, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Bill Keniston		13b. MOTHER'S MAIDEN NAME Lizzie Show	
14. NAME OF HUSBAND OR WIFE Clarence Lang			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Lizzie Adams		ADDRESS 1461 Perkins, Joplin	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		no 2X	
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) (Min.)		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 May 16, 1949 , to May 16, 1949 , that I last saw the deceased through May 16, 1949 , and that death occurred at 9:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE B. E. Coats M.D.		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 16, 1949	
24c. NAME OF CEMETERY OR CREMATORY Goodson Funeral Home		24d. LOCATION (City, town, or county) (State) Picher, Okla.	
DATE REC'D BY LOCAL REG 5-17-49		REGISTRAR'S SIGNATURE John James 138	
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon		ADDRESS Joplin, Mo.	

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

49
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JUN 1 1949

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.....

William E. Huddleston

Student Embalmer No. *324*

working under my personal supervision.

Student *William E. Huddleston*
Student Embalmer

Signed *Cecilia Shunklee*

Licensed Embalmer No. *3590*

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.