41470

.S. No. 300
EV. 10-48

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

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 568

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma b. COUNTY: 447
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami 34
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lula b. (Middle): c. (Last): HUGGINS

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1949

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 21, 1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home Making
11. BIRTHPLACE (State or foreign country): Ottawa County, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Solon Lane
13b. MOTHER'S MAIDEN NAME: Tennessee Lane
14. NAME OF HUSBAND OR WIFE:

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 ADDRESS: Cooper Funeral Home Miami, Oklahoma

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction — 24 hrs.
DUE TO (c) Multiple ventral hernias

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 5603

19a. DATE OF OPERATION: 12-25-49
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/24, 1949, *to* 12/25, 1949, *that I last saw the deceased alive on* 12/25, 1949, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Heinlein D.O.
23b. ADDRESS: Joplin
23c. DATE SIGNED: 1-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 30, 1949
24c. NAME OF CEMETERY OR CREMATORY: Fairland Cemetery
24d. LOCATION (City, town, or county) (State): Fairland, Oklahoma

DATE REC'D BY LOCAL REG.: 1-7-50
REGISTRAR'S SIGNATURE: Ed D. James by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Mort. Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-9-50
Jasper County Health Office

County File Number 49-12-1012

Date Filed 1-11-50

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 .....
Student Embalmer

Signed Jesse O. Sullins

Licensed Embalmer No. 4646

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.