

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27384

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 388			
1. PLACE OF DEATH a. COUNTY <b>JASPER 0495</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. LENGTH OF STAY (In this place) <b>12 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin 0495</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>914 1/2 MAIN 0</b>					
3. NAME OF DECEASED a. (First) <b>LEWIS</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>JAGGARS</b>		4. DATE OF DEATH <b>8/18/51</b> (Month) (Day) (Year)			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>12/28/1897</b>		9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>		11. BIRTHPLACE (State or foreign country) <b>GALENA KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John A Jaggars</b>			13b. MOTHER'S MAIDEN NAME <b>MARY A MITCHELL</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
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) <b>Heart Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asthma</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>8-17-51</b> <b>Several years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>241X</b>					
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 <b>August 17, 1951</b> , to <b>8-18, 1951</b> , that I last saw the deceased alive on <b>8-18, 1951</b> , and that death occurred at <b>3:00 a.m.</b> , from the causes and on the date stated above.									
23. SIGNATURE <b>Dr. W. M. Pike MD</b> (Degree or title)				23b. ADDRESS <b>Fairview Cem, Joplin Mo</b>		23c. DATE SIGNED <b>8-21-51</b>			
24a. DATE REC'D BY LOCAL REG. <b>8-23-51</b>		24b. DATE <b>8/21/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM, JOPLIN</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-23-51</b>		REGISTRAR'S SIGNATURE <b>By Walter Thompson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WALTER BURT LOVER</b>		ADDRESS <b>MORTUARY 514 591</b>			

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

RECEIVED 8-27-51

Jasper County Health Office

County File Number 51/8/674

Date Filed 8-29-51

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 *Wale Glover*

Licensed Embalmer No. 4592

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.