

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32006

3371123A

State File No. 3200
Registrar's No. 470

S. No. 300
V. 10.48

FILED SEP 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		State File No. <u>3200</u>		Registrar's No. <u>470</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived? If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Missouri</u>				c. LENGTH OF STAY (in this place) <u>2 Da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>203 Locust St</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lissie</u>			b. (Middle) <u>Bell</u>			c. (Last) <u>Decker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>0 14 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 25, 1915</u>		9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>5</u>	11. DAYS <u>20</u>	12. HOURS <u></u>	13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mulberry, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>C. E. Silvers</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Warren</u>				14. NAME OF HUSBAND OR WIFE <u>Jewell Decker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>561-10-2411</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Decker, Carl Junction, Mo</u>						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>GENERALIZED CARCINOMATOSIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ADENOCARCINOMA OF BREAST</u> 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 <u>UNK</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>								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) (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 <u>1-10</u> , 19 <u>52</u> , to <u>9-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>52</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>D. D. Douglas M.D.</u>				23b. ADDRESS <u>Francis Bell Joplin</u>				23c. DATE SIGNED <u>9/10/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Carthage, Jasper, Mo</u>						
DATE REC'D BY LOCAL REG. <u>9-17-52</u>		REGISTRAR'S SIGNATURE <u>James L. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis Funeral Home</u>							ADDRESS <u>West St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0445

RECEIVED 9-22-52
Jasper County Health Office

County File Number 52/9/738

Date Filed 9-22-52

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.