

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5254**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin,	
c. LENGTH OF STAY (In this place) 24 Days		d. STREET ADDRESS (If rural, give location) 716 Park Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle)	c. (Last) Haase	4. DATE OF DEATH (Month) (Day) (Year) 2-4-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-15-1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Gilbert Pitts	13b. MOTHER'S MAIDEN NAME Martha Crandall	14. NAME OF HUSBAND OR WIFE Adolph G. Haase
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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. None	17. INFORMANT'S SIGNATURE OR NAME A. G. Haase, ADDRESS 716 Park, Joplin, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Left Lung		8 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Left Breast DUE TO (c) Tumor in Right Lung		8 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mediastinum + liver			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1948**, 19, to **2-4**, 19**54**, that I last saw the deceased alive on **2-4**, 19**54**, and that death occurred at **1:45** p. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Doc	23b. ADDRESS 709 Joplin St. Joplin	23c. DATE SIGNED 2-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-6-1954	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 2-7-54	REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Phornhill-Dillon Mortuary, ADDRESS Joplin, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

137

APR 12 1958

RECEIVED FEB 16 1954

Jasper County Health Office

County File Number 54-2-116

Date Filed FEB 16 1954

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 _____

working under my personal supervision.

Student embalmer No.

Signed W. E. Hupstater

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

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.