

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23333**

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>317</u>					
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 OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 7 WEEKS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				e. STREET ADDRESS (If rural, give location) 1828 ANNIE BAXTER AVE.							
3. NAME OF DECEASED (Type or Print) a. (First) LULA			b. (Middle) FISHER		c. (Last) HORTON		4. DATE OF DEATH (Month) (Day) (Year) JULY 13, 1954				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 15, 1878		9. AGE (In years last birthday) 75			
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) BENTON, KANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING			13a. FATHER'S NAME HUGH GAULT			13b. MOTHER'S MAIDEN NAME SARAH WILSON		
13c. FATHER'S NAME			13d. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE IRWIN A. HORTON			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME IRWIN A. HORTON			ADDRESS 1828 ANNIE BAXTER		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 mo			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Lymphatic Leukemia, Chronic</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				DUE TO (b) _____							
				DUE TO (c) _____							
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE John W. Koehler, MD				23b. ADDRESS FRISCO BLDG, JOPLIN, MO.				23c. DATE SIGNED 7-14-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-15-54		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI					
DATE REC'D BY LOCAL REG. 7-16-54		REGISTRAR'S SIGNATURE Ed S. James			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.						

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

RECEIVED JUL 19
Jasper, County Health O
County File Number 54-7
Date Filed III 19

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.....
Signature of Student Embalmer

Signed F. M. Jones
Licensed Embalmer No. 231

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.