

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (in this place) <b>LIFE</b>	c. CITY OR TOWN <b>JOPLIN</b>	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 <b>118 N. GRAY AVE.</b>		e. STREET ADDRESS (If rural, give location) <b>118 N. GRAY AVE. 0995</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARLEY</b>	b. (Middle) <b>LYLE</b>	c. (Last) <b>HITE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 24, 1954</b>
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5. SEX <b>M-F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>NOV. 8, 1899</b>	9. AGE (In years last birthday) <b>54</b>	If UNDER 1 YEAR Months	If UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-OIL FIELD WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OIL FIELDS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HOWARD A. HITE</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA J. MOORE</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA SMITH HITE, DEC'D</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS W. J. POWELL, RT 4, NEOSHO, MO.</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Primary Carcinoma Lung</b>			<b>2 years</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>002 x4</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Mar, 1954, to Aug 24, 1954 that I last saw the deceased alive on 8-22, 1954, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Mahoney</b>	(Degree or title) _____	23b. ADDRESS <b>Jefferson Mo</b>	23c. DATE SIGNED <b>8/30/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>9-3-54</b>	REGISTRAR'S SIGNATURE <b>by [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 7 1954  
Jasper County Health Office  
County File Number 54-9-7  
Date Filed SEP 7 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *23*.....

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.