

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1433

State File No.

FILED JAN 25 1955

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper.</u>				2. USUAL RESIDENCE (When 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) <u>Joplin</u>		c. LENGTH OF STAY (In weeks) <u>All life</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0195</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2218 Harlem</u>				e. STREET ADDRESS (If rural, give location) <u>2218 Harlem Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) <u>Irene</u> c. (Last) <u>Fithian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)		8. DATE OF BIRTH <u>Nov 29, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. 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>Homemaking</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Branch Co, Mich 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Amos Victory</u>		13b. MOTHER'S MAIDEN NAME		13c. NAME OF HUSBAND OR WIFE <u>James P. Fithian</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or date of service) <u>None</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Hazel Fithian</u> ADDRESS <u>2218 Harlem - Joplin</u>			
17. 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) <u>Tuberculosis Pulmonary</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>
18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>002 X</u> YES <input checked="" type="checkbox"/> NO <input 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) m.		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>1946</u> to <u>1-16, 1955</u> , that I last saw the deceased alive on <u>1-16, 1955</u> , and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Martin</u> <u>2 DO</u>			23b. ADDRESS <u>709 Joplin St., Joplin Mo</u>		23c. DATE SIGNED <u>1-17-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Mem</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-55</u>		REGISTRAR'S SIGNATURE <u>James 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>by Selma Lanham or Thornhill - Sellen</u> ADDRESS <u>Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

44 B 28 1955

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 *David E. Nelson*.....

Licensed Embalmer No. *389*.....

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