

FILED NOV 30 1955

STANDARD CERTIFICATE OF DEATH

37223

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 488

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) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (in this place) 4 HRS		d. STREET ADDRESS (If rural, give location) 915 GRAND AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) LILBURNE b. (Middle) c. (Last) MCDONALD		4. DATE OF DEATH (Month) (Day) (Year) NOV. 19, 1955	
5. SEX F	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 25, 1909
9. AGE (In years last birthday) 46		# UNDER 1 YEAR Months Days	# UNDER 1 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY VAR. HOMES	11. BIRTHPLACE (State or foreign country) LEESVILLE, LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JEFF LAVINIA		13b. MOTHER'S MAIDEN NAME EDA WILLIAMS	14. NAME OF HUSBAND OR WIFE -----
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.	17. INFORMANT'S SIGNATURE OR NAME MRS. DELIA HENRY, 915 GRAND AVE.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 7 or 8 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Hypertensive cardio vascular disease		Years	
DUE TO (c) arteriosclerosis		Years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral vascular accident		Several Days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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>11/19/55, 19</u> , to <u>11/19/55, 19</u> , that I last saw the deceased alive on <u>11/19/55, 19</u> and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> T. E. Walkup, M. D.		23b. ADDRESS 321 Frisco Building Joplin, Missouri	23c. DATE SIGNED 11/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-22-55	24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
DATE REC'D BY LOCAL REG. 11-25-55	REGISTRAR'S SIGNATURE <i>[Signature]</i> 138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 55-11-803

Date Filed NOV 28 1955

REC'D
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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.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.